THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. XIII. PHILADELPHIA, JULY, 1891. No. 7.

ORIGINAL COMMUNICATIONS.

CHLORALAMID.

BY JOHN V. SHOEMAKER, A.M., M.D.,

Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia, etc.

PHARMACOLOGY.

CHLORALAMID, known also as chloramid, or more correctly as chloralformamid or formidate of chloral, one of the recently-introduced hypnotics, was first prepared by Prof. von Mering, of Strassburg, and its manufacture upon a commercial scale has been entrusted to the great chemical house of Schering, in Berlin. Chloralamid is composed of 2 parts of chloral hydrate with 1 part of formamide. From a commercial point of view it possesses an advantage which cannot be overlooked in its cheapness, costing about one-half as much as sulphonal.

This substance comes in the form of white granular crystals, which melt at 230° F. and dissolve slowly in about 20 parts of cold water, in 1 part of absolute alcohol, and in 1½ parts of 96-per-cent. alcohol. The alcoholic solution is not precipitated by the addition of water. Although its solubility is increased in warm water, yet this fact is scarcely of practical advantage, or at least the temperature must be carefully observed, since chloralamid is destroyed when the mercury ascends above 140° F. It is decomposed by caustic alkalies and alkaline carbonates, which are consequently chemically incompatible with chloralamid. Chloral is set free when chloralamid is heated to its melting-point. A good test for chloralamid is the addition of a few grains to a solution of 4 drops of 90-per-cent. carbolic acid, and gradually heating the mixture to the boiling-point with ½ ounce of strong sulphuric acid, when a bright red color and a strong odor of chlorine appear.

Chloralamid is administered in doses ranging from 15 to 60 grains. In most cases in which it has been used 30 grains have been found sufficient. By some it has been given in the form of powder inclosed in capsules or cachets, but a better plan is to dissolve it in a portion of wine, whisky, or brandy. In order to obtain its therapeutic effects chloralamid should be exhibited an hour or an hour and a half before bed-time. It has been serviceably administered also in the form of an enema.

PHYSIOLOGICAL ACTION.

Chloralamid is devoid of local irritant properties, and a 10 per-cent. solution has been found entirely innocuous to the conjunctiva It has but little taste, being but slightly bitterish, and is, therefore, completely disguised by the liquor in which it is dissolved. Little or no deleterious influence is exerted by this drug upon the appetite or digestion. Dr. W. V. Whitmore, of Los Angeles, Cal., found it to cause digestive disturbances in 1 per cent. of the cases in which it was used, and it has occasionally produced vomiting On the other hand, a case is mentioned by Dr. D. R. Paterson, in which the appetite improved while chloralamid was being taken, and Umpfenbach remarks that in every instance it was well borne when taken for months at a time, and that the bodily weight never decreased during the treatment. Chloralamid is without action upon the bowels or kidneys. Most observers agree in the statement that no marked effect is produced either upon the respiration or circulation in the course of physi-

ological or clinical experiments. Dr. George P. Cope* writes that in 5 cases—1 of pneumonia, 1 of phthisis, 1 of cardiac disease, and 2 of insomnia—he obtained sphygmographic tracings before and after its administration, and the blood pressure was not lowered in any of them, while the respiration and temperature remained the same. The testimony of Dr. D. R. Paterson† is to the same effect. In 11 cases in which chloralamid was administersd, Dr. E. Reichmann, of Professor Riegel's clinic in Giessen,‡ detected no depressant effect upon the circulation from 2- to 4- gramme doses. Sphygmographic tracings were made in these cases, and, when measured with a V. Basch sphygmomanometer, no considerable fluctuation in the pressure of the blood was noticed. Dr. Eugen Kny, of the clinic for mental diseases at the University of Strassburg, found that after internal administration or intra-venous injection of chloralamid the blood-pressure was not disturbed beyond the limit within which it may vary in a perfectly natural sleep. The heart continued to beat vigorously, and the blood-pressure remained nearly at its normal height. This was found to be the case even in debilitated patients with advanced organic disease of the heart. Kny suggests that chloralamid is decomposed by the free alkali of the blood into chloral hydrate and formamide, but that this change takes place very slowly, and therefore but small quantities of chloral hydrate are liberated at a time. Moreover, it is conjectured that the depressant effect of the chloral is counteracted by the formamide, a member of the amido group which has the property of stimulating the centres of the medulla oblongata. Drs. Hagen and Huefler, in a careful study of a number of cases treated by means of chloralamid at the clinic of Professor Struempell, of Erlangen, state that no adverse influences were noted on the heart's action, respiration, temperature, digestion, or secretion of urine. Langgaard, however, is of the opinion, on the strength of numerous experiments upon animals, that chloralamid does cause a marked depression of the circulation, and advises caution in its use in organic diseases of the heart.§ MM. Mairet and Bose, also, in a communication to the Biological Society of Paris, assert that the drug exerts an influence upon the heart and reduces blood-pressure.‖

The chief physiological action is that of a hypnotic. In some instances this effect is produced within half an hour, in others it does not make its appearance until the lapse of two or three hours. In most cases, however, it is manifested within an hour. The slumber is sound, natural, and refreshing, and continues from five to ten hours. As a rule, no ill consequences are experienced upon awakening. Occasionally sleepiness persists upon the following day, and at times the effect of one dose is to break up the habit of sleeplessness for several successive nights. Languor, headache, vertigo, nausea, vomiting, thirst, incoherence, and cardiac depression have infrequently been noticed after large doses, but in no case have the manifestations been of an alarming character. No cumulative effects have been observed.

THERAPY.

The chief therapeutic employment of chloralamid is in insomnia, except when wakefulness is due to extreme mental excitement or severe pain. When sleeplessness is caused by or associated with nervousness, neurasthenia, hysteria, chronic alcoholism, and a great variety of organic affections, this remedy is usually productive of the happiest effects. The tastelessness of chloralamid, its comparative freedom from after-effects, its absolute safety in the number of cases in which it has has been used, the absence of cumulative action or deleterious influence upon the secretions are advantages which cannot fail to commend this remedy alike to the therapeutist and the patient. So far as has yet been observed the existence of organic disease of the heart, lungs, liver, kidneys, brain, or spinal cord constitutes no positive contra-indication to its administration. The conscientious practitioner is bound to watch with care the effect of any active drug which he may prescribe, and this truth applies to chloralamid just as it does to opium, chloral, or nux vomica. Our experience with chloralamid is less than with chloral hydrate, yet it does appear that the former substance may be used with less dread and less danger than the latter when organic heart disease is attended by obstinate insomnia. Drs. Hagen and Huefler remark that in cardiac

* Dublin Journal of Medical Science, February, 1890.
† Lancet, October 26, 1889.
‡ Deutsche Medicinische Wochenschrift, No. 31, 1889.
§ MEDICAL BULLETIN, February, 1890, p. 57.
‖ La Tribune Médicale, June 12, 1890; MEDICAL BULLETIN, August, 1890, p. 285.

asthma it seems to have something akin to a specific power, and cite a case dependent upon arterial sclerosis, which had proved unamenable to morphine, in which 45 grains of chloralamid produced a deep sleep of thirty-six hours' duration, and the paroxysms had not, at the time of publication, re-appeared. In another case, one of constipation and senile disturbances dependent upon arterial sclerosis, the same writers observed a like beneficial effect. Dr. W. Hale White has reported, in the British Medical Journal, 20 cases of various affections, among which were several of valvular disease in which chloralamid was advantageously administered. Kny and Reichmann met with the same experience. In the case of a boy suffering from pericarditis with mitral disease, this drug was successfully used by W. Hale White. The same writer mentions a case of thoracic aneurism in which chloralamid was more beneficial than hypodermatic injections of morphine. Indeed, while it is in general true that chloralamid is of no avail when severe pain is present, yet exceptions to this statement are tolerably frequent. Pain was a prominent symptom in several of Hale White's cases in which chloralamid was more efficacious than morphine in causing sleep. The affections were sarcoma of the rib, carcinoma of the stomach, carcinoma of the liver, rheumatic fever, and floating kidney with mitral regurgitation, the floating kidney causing much pain. Reichmann saw chloralamid of service in a case of sleeplessness due to gall-stone, though the pains were not very violent. The same writer mentions a case of severe neuralgia in which chloralamid proved successful after morphine had failed. In herpes zoster and alcoholic neuritis pain has yielded to the soporific influence of this remedy, and Dr. Chas. E. Denhard, of New York, reports excellent results from 30 grain doses of chloralamid in cases of painful menstruation in young women.

In disease of the bronchial tubes, lungs, and pleuræ chloralamid is no less beneficial than in affections of the heart. In bronchial asthma, emphysema, pleurisy, and phthisis pulmonum, suffering has been forgotten in sleep, and strength therefore conserved by means of chloralamid. This substance has been successful in overcoming wakefulness attendant upon cirrhosis of the liver, ulcer of the stomach, nephritis, and pelvic disorders. In typhoid fever, erysipelas, and diabetes the same symptom has been relieved by the same remedy. Naecke commends the use of chloralamid as a hypnotic in epilepsy and chronic mental disease in women. It may be safely used in any stage of paralysis. Chloralamid allays restlessness and promotes sleep in chronic mania and melancholia; in acute mania it either proves inefficacious or needs to be used in increased doses. In cases of mental alienation attended by extreme excitement the drug proved of but slight avail.

Dr. Malshin, of Moscow, has published his experience with this remedy in 17 cases of various mental and nervous affections, in which it was administered one hundred and thirty times in doses of 30 to 40 grains. The best results were obtained in acute and chronic paranoia, periodic psychosis, neuritis multiplex, and subacute articular rheumatism. Hale White records a case of bronchial monoplegia, probably due to embolism and cerebral softening, and accompanied by noisy delirium, in which 30 grains of chloralamid were always productive of several hours' quiet sleep. Dr. I. N. Love, of St. Louis, has derived excellent results from chloralamid in the cerebral disturbances of children when other agents had failed. From 2 to 4 grains have produced good sleep in an infant from 6 months to 1 year old, after chloral hydrate and bromide of sodium had been tried in vain. Dr. Alt, of the Neurological Clinic at Halle, reports a very favorable result from the use of chloralamid in 2 cases of chorea. A boy, 11 years of age, was almost completely cured in five days by the use of 15 grains three times a day. The second case was that of a girl who had been treated with arsenic for fourteen weeks without result. Recovery took place in eight days when placed on chloralamid.* Dr. C. R. Hexamer, of Stamford, Conn , relates that in 2 cases of alcoholic tremor he used chloralamid in doses of 30 to 45 grains with decidedly beneficial effect. Several cases of locomotor ataxia have been reported in which sleep was produced by the same drug after the failure of morphine. Comfortable sleep followed its use in a case of spastic paraplegia under the care of W. Hale White.

In conclusion, it may be mentioned, as a valuable testimonial to the worth of chloralamid, that it has been made officinal in the last edition of the German Pharmacopœia.

* See MEDICAL BULLETIN, January, 1890, p. 13.

PALATABLE MEDICATION.

By WILLIAM H. WALLING, M.D.,
PHILADELPHIA.

IN looking back to the time when the writer prescribed for his first patient, in 1861 (being then in the country), and recalling the forms of the remedies then used, and contrasting them with the elegant pharmaceutical preparations of the present time, the change seems wonderful, as indeed it is.

In those days the country practitioner carried in bulk his calomel and jalap, rhubarb and opium, tartar emetic and ipecac, Epsom salts and senna, together with such grades of cinchona-bark as he could get, and other drugs in like manner.

Many of them were very uncertain in their action, by reason of the changes which had taken place in their molecular arrangement, incident upon time, exposure, etc. Unpalatable, unsightly, disgusting, nauseous, might be written of nearly all the remedies used in the days before the war, and upon which the regular practitioner had to depend, and against which his patients so frequently rebelled and turned to a school that offered pleasant remedies, whether effective or not.

This question of the palatability of medicine, and at the same time of its efficiency, is one that concerns the country as well as the city practitioner, as much or even more now than in the days just referred to, for in the attempt to present unpleasant remedies in palatable and attractive form the active principles of the drug are too often sacrificed.

In the discussion of the subject, that large class of preparations known as *elixirs* will serve as a basis for this paper. In it I shall present to the profession, based upon a long experience in both manufacturing and prescribing elixirs, some of the methods used in the preparation of these elegant-looking, pleasant-tasting, but too often worthless compounds of alcohol, aromatics, and sugar, and to call attention to some that are very valuable and entirely worthy of confident use.

Webster's definition of a medicinal elixir is: "A tincture with more than one base; a compound tincture or medicine, composed of various substances, held in solution by alcohol in some form."

Worcester goes a little farther, and says: "A medicine; quintessence of anything; a cordial."

Had Worcester's palate been delighted with that wonderful "cordial" prepared by the old Carthusian monks at Chartreuse, that he had a somewhat better conception of what constituted an elixir than did Webster? The famed Curacoa cordial, which comes in those long, quaint stone jugs, and which is so frequently ordered as a flavor in prescriptions, is a sample of a class of preparations of no medicinal value, aside from the alcohol which they contain.

A medicinal elixir, as commonly understood, is a preparation made pleasant to the sight, the smell, and the taste, by reason of certain proportions of medicaments, aromatics, spirits, sugar, coloring-matter, and water, all skillfully combined so as to present the virtues of each, and yet no one be so pronounced as to be objectionable.

There are some two hundred and fifty formulas for elixirs extant, many, if not most of which are merely cordials, but their number attests to the popularity of such a form of medication.

I have long thought that the Pharmacopœia ought to recognize this class of preparations, but thus far only one formula has been given in it, and that for a simple elixir, or elixir aurantii, made by dissolving oil of orange by a certain process in alcohol and water, and adding sugar.

Some years ago (1873–1875) the American Pharmaceutical Association adopted a number of formulas for the making of elixirs, which was called "The National Formulary," based upon the simple elixir of the U. S. P. For instance, elixir of cinchona calisaya was directed to be made by mixing 3 fluidounces of the tincture of cinchona with 13 fluidounces of simple elixir; the elixir of the bromide of potassium by dissolving 1280 grains of potassium bromide in 16 fluidounces of red elixir. This red elixir is simple elixir, colored with the compound tincture of cochineal, which is made from cochineal, alum, potassium carbonate, potassium bitartrate, and diluted alcohol. This compound tincture is also used to color other preparations besides elixirs, but must not be added to acid mixtures.

The elixir of cinchona of the A. P. A., above cited, makes a fair-looking and tasting preparation, but what does it represent? Have we any definite drug strength, and is it a proper pharmaceutical product? Manifestly not, from the very nature of the constituents, for it is

well-known to all who have investigated the subject that tinctures are as variable in alkaloidal or other active principle strength as are the fluid extracts, and from the same causes, viz., extreme variability of active principle in the crude drug, by reason of climate, soil, time of gathering, subsequent care, manipulation, etc., etc. The tincture of cinchona calisaya of the U. S P. contains 164 grains of the drug to the fluidounce of finished product. Three fluidounces of this tincture, added to 13 fluidounces of the simple elixir, gives in the finished preparation about 30 grains of bark to the fluidounce, but there is no standard for the contained alkaloidal strength, which may be all the way from nothing to the full measure of good bark, which contains about 3 per cent. of total alkaloids. This yield of alkaloids becomes of as much interest to the pharmacist and the physician as to the manufacturer, and only by a proper assay can the value of any sample be determined. If a good bark was always used, the A. P. A. formula would make a very fair preparation, but it is seldom followed. The general custom is to dissolve a modicum of the sulphates of quinine, cinchona, and cinchonidia in an alcoholic menstruum, flavored with aromatic oils and sugar, the result practically being, in a majority of cases, a cordial simply, and not a medicinal elixir of value.

I have seen the statement that 1 grain of quinine to the fluidrachm was contained in a certain elixir on the market. Such an alkaloidal strength would be entirely too bitter to rank as an elixir, and I am safe in saying that such a quinine strength has not been given in the form designated. But we do not want such combinations. The A. P. A. formula, if made from a good bark, is decidedly preferable. Where quinine is decidedly indicated, it is best given in some other combination.

Cinchona is one of our most valuable and reliable tonics in certain debilitated or malarial conditions of the system, convalescence from fevers, etc., and neither quinine, nor cinchona, nor cinchonidia, nor all three, no matter how skillfully combined, can take its place. Nature's laboratory furnishes products which we may analyze and attempt to imitate, but cannot, with all our skill, reproduce. This is seen in the various artificial medicinal waters and salts, effervescent and otherwise, claiming to exactly represent the genuine products of the various springs.

Now, what we want in an elixir of cinchona are, all the active constituents of a good bark, with a definite amount, by assay, to each fluidounce. I have experimented with various formulas, and in almost every conceivable manner, but have never found a preparation that met all the requirements so fully as the "*Essentia de Calisaya*," made by the Mosquera-Julia Food Company. This very delightful elixir contains the active principles of 40 grains of prime cinchona-bark to the fluidounce, by actual assay,—a strength that I have found in no other preparation of this class of remedies. This fact is of great importance clinically, and, notwithstanding it contains so large a proportion of the drug, it is so skillfully combined with aromatics, etc., as to render it pleasant, palatable, and effective, the patient getting, in a tablespoonful dose, the equivalent of 20 grains of cinchona bark. I generally commence with one or two teaspoonfuls, and increase as indicated. My space will allow of reference to but a few cases in which this most valuable preparation has been of service to me.

Mrs. E. G. came to me suffering from nervous depression, consequent loss of appetite, and constipation, and with a malarial history. Headaches were frequent. I put her upon the use of cascara cordial as a laxative, and gave static insulation. While the bowels were relieved, the other symptoms did not yield, and I commenced the free use of malt ale and *Essentia de Calisaya*. The effects were prompt and gratifying, and the patient, who expressed a decided repugnance to quinine, who could not tolerate iron (which was tried), to whom pills and powders, as ordinarily used, were an abomination, and who preferred homœopathic remedies because of their palatability, expressed herself as being well pleased with the remedies I used; appetite returned, the depression was removed, and I kept my patient.

Mr. H., a literary gentleman of sedentary habits, dyspeptic, and naturally with a tendency to constipation, asked advice. He was in the habit of taking quinine as a "pick me up" during his work. I placed him upon cascara cordial, pepsin cordial (Parke, Davis & Co.), and *Essentia de Calisaya*. The remedies met the indications admirably, and the patient expressed himself as being greatly pleased at finding such a pleasant substitute for his quinine, and also at finding such palatable remedies so very effective.

These 2 cases are but types of a large class of patients that apply to the physician for relief. With such remedies as I indicate in this paper, the majority of them may be successfully treated, and held loyal to a rational system of medicine. Surely, it is well worth our while to give careful and serious attention to palatability in medication.

Another very important elixir is the one known as "Beef, Wine, and Iron." Where iron is indicated and a mild stimulant likewise, and a readily-assimilable nutritive is needed, such a combination, if properly prepared, is of great value. I used to make this elixir with Liebig's extract of beef as a base, and this formula is still in use in most of the drug stores. That was in the ante-peptone days, when we did not realize that such preparations of beef as were then used were stimulants only, and that a dog would starve to death sooner when fed solely upon beef-tea made from such extract than if all aliment was withheld.

We got some good effects from the old preparations of beef, wine, and iron, but they were due to the iron and the stimulation only. In the product under consideration, made by the pharmaceutical house above referred to, we get 4 grains of ammonio-citrate of iron and 2 ounces of fresh beef peptonized in each fluid-ounce of the wine. Without this peptonization the beef portion of the preparation is valueless as a nutritive; with peptonization it is of great value. In these days this question needs no argument.

Case after case might be given where this preparation, which I use largely, has had a most happy effect, but the combination is too well known to require such citation. I would impress this upon the prescriber, however: Be sure that you get the make I have indicated (P., D. & Co.), for I know that substitution is far too common.

The cascara cordial, to which reference has been made, is also too well known to require further mention, except that no other preparation of cascara can be substituted for it. Made, as it is, from a true bark, which is from eighteen months to two years old, in combination with true berberis aquifolium, it is free from those griping qualities so common in the ordinary preparations on the market, and the bitterness being masked makes it pleasant to take. To avoid mistakes, I always specify that made by P., D. & Co.

The pepsin cordial, made by the same firm, is also a most effective preparation. Pepsin is a very valuable digestive ferment, when used where indicated, and when a pure preparation of it is administered in a proper form. This ferment is one of those peculiar substances which, resembling electricity, cuts like a two-edged sword,—both ways. It is, in fact, a poison, and is classed with the virus of the rattlesnake. It is well known that all the earlier forms of pepsin, whilst capable of dissolving albumin, also acted, in a vast number of cases, as a powerful irritant poison. Especially was this the case in the summer diarrhœas of children, when this substance was administered. This was due, however, to impurities, such as mucus and animal membrane, gathered in the process of preparation, which, rapidly putrefying, developed ptomaines, rendering the product very injurious. With better methods we get a better product, presented in a concentrated form. It is furnished in scales, in powder, mixed with milk-sugar, in tablets, wines, elixirs, etc. I have used it in all these various forms, but when it is possible I avoid the use of a tablet, giving preference first to a liquid preparation and next to a properly-prepared saccharated pepsin of known strength.

I do not need to advance arguments to prove to any physiologist the great advantages of a solution of a medicament, or digestive ferment, over the pill or tablet, or even the powdered form,—that is, as a rule. There are conditions where the slower action and assimilation of a medicine, in hard pill or tablet form, is very desirable. The administration of phosphorus in hard-pill form is an example, where, brought into contact with the coating of the stomach by gradual disintegration, the substance is very slowly liberated, and the stomach can utilize it. In circumstances, however, where prompt action is required, solutions take front rank. It has been my experience that, in the conditions requiring the presence of an artificial gastric juice, the tablets or powdered form of such ferment did not meet the indications nearly so well as the elixir of pepsin above mentioned. It is very pleasant to the taste and free from unpleasant odor, thus commending it to children and delicate females, when such a preparation is especially required. As 1 fluidrachm of this elixir will dissolve 1000 grains of albumen, the strength is seen to be sufficiently high. Alcohol, as is well known,

precipitates pepsin, but glycerin is a solvent. The latter has also a beneficial action in cases where putrefactive changes in the stomach are prone to take place, thus aiding, instead of retarding, the digestive processes.

Malt, in some form, is now largely used, and in certain conditions is of decided service. I have used nearly, if not quite, all the malt preparations on the market, liquid, semi-liquid, and powdered. They vary as much in active constituents as do the fluid extracts of the U. S. P. Interesting as this subject is, however, it is not within the province of this paper to discuss the malt preparations. Reference having been made to malt ale, made by the Mosquera-Julia Food Company, justice compels me to say that I have found it to be a most valuable preparation for summer use. It has served me so well, and its purity and richness in nutritive elements are so marked, that I prescribe it in preference to any other make, and can confidently recommend it to my professional brethren, where a mild preparation is needed, which may take the place of the poor ales and beers as a beverage, as well as the more expensive malt extracts.

Some one may say: All this is no doubt of interest to the city practitioner who does not have to carry his medicine-chest with him, but what is the back-woods country doctor to do? He cannot carry elixirs, etc., in his saddle-bags! No one appreciates this phase of the question more than the writer, but he also knows that there are now no back-woods. Every little hamlet has its drug-store where such remedies as have been outlined may be procured, or the the physician himself supplies them.

As before intimated, the majority of our patients are in that condition so frequently described as "run down," with no especial ailment, but who will take medicine. A judicious "placebo," in the shape of some one or more of the foregoing elixirs, will meet such cases almost invariably.

The comfort and well-being of our patients are, and should be, our first thoughts, and palatability in medication, combined with efficiency, takes first rank in these rapidly progressive days; and the practitioner who fails to recognize this fact, whether he be in city or country, will be left behind in the race.

DR. JEROME WALKER has resigned from the staff of the Brooklyn Medical Journal.

ELECTRICITY IN HÆMORRHOIDS.

BY WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

SOME weeks ago, through the kindness of the officers of the Philadelphia Electro-Therapeutical Society, I was invited to attend one of their meetings and to take part in the "exercises," as our divinity friends are disposed to call the talk on occasions, and, the discussion somehow switching off from the original topic to piles, I was asked what good, if any, did I get from electricity in this distressing complaint. My answer was, that aside from the relief galvanism gives in almost all painful affections, I did not look to electricity for anything, preferring the injection of carbolic-acid, either in its purity or somewhat diluted with glycerin; and, I may say here that the views held by myself in a paper presented to the American Medical Association when it met in New York, in 1880, I still maintain, with added cause from experience in the eleven years that have gone into the grave of time. When I said what I said at the meeting of the "lightning-bugs" (as a thick-headed and stupid belly-ripper dubs such of the fraternity who feel it their duty to employ any valuable agent which will save the anatomical integrity of the woman, be that either drugs or electric force), I had an indistinct idea that I had spoken hastily, and a few days thereafter, in a conversation with a patient, he remarked that I must have forgotten his case; he was cured of a pretty bad case of piles with faradic electricity, and with nothing else. On looking the data up, I saw that he was not the only one thus cured, and, moreover, I have since collected enough material in this direction to warrant this brief paper. Part of this is from old records, and part new; I have tried, in some instances since the meeting referred to, the use of all the currents on a dozen persons, and it is evident to my mind that in not a few faradism is very well worth trial before doing any bloody operation (in this I do not refer to injection, for it is not at all a sanguinary procedure).

My usual method is to place one pole on the sacrum and the other directly on the pile or over the mass if there is more than one. If the extrusion of the tumors is too painful, then I apply the current to the rectum by a suitable electrode, well insulated

all but the distal three inches. The strength is that which is well borne, but as much as possible; and it is important that defecation has been practiced prior to the *séance*, for you are apt to get unlooked-for results otherwise. Don't forget this, and always when working with piles, or trying to reduce protrusion of any sort at the anal orifice, stand aside, for tenesmus has no etiquette, and apologies on the part of the performer are rather irritating than otherwise, sometimes. This happened to a friend only a few days ago (I mean he knows what I mean now, and the more the man talked the hotter the doctor got); look out, therefore.

Galvanism, of course, relieves the tormina which is so distressing, but faradism appears to be the more efficient as an actual curative; I therefore suggest a full trial by those who have a coil giving a steady current. Let the sitting be at least ten or fifteen minutes long, and bathe the parts with hot-water before and after the treatment. I have not written anything for the BULLETIN for a long time, and, as many of its readers in the long ago used to pretend that they enjoyed my papers (but their great politeness may mask their real opinions), I venture to try their patience again, with the hope that some of them may possibly have something to say themselves on this topic. If any of them has any experience in this direction, I would be glad to know it through the columns of this estimable journal.

246 NORTH TWENTIETH STREET.

WITH WHAT SHALL WE VACCINATE?

BY SAMUEL WOLFE, M.D.,
PHILADELPHIA,
Professor of Physiology in the Medico-Chirurgical College.

I AM not prepared to say what is the ratio of vaccinations with bovine virus to those with humanized virus; nor am I ready to pronounce on the relative degree of protection afforded. I know that bovine virus is quite extensively used, and, for the purposes of the present argument, will assume that bovine and humanized virus are equally protective. The claims of the one over the other, on the grounds of their immediate effects, are to be considered.

I have here no hesitation in pronouncing in favor of humanized virus. It has the advantages of being more decidedly specific. By this I mean that we can use it with more determinate expectations as to its effects and its course.

Assuming that you have a healthy child, with a vesicle just fully matured, and vaccinate from arm to arm; or, that you have allowed such a vesicle to go through all the stages, becoming a crust and falling off spontaneously, and before it has been shed a month you pulverize a portion and mix with water to form a paste, and with this vaccinate, you may confidently look for a classical result. On the third day the first local signs, on the ninth day the crisis of both local and systemic symptoms, and from then on, only the local changes which yield the desquamated crust and a perfectly dry scar within another week.

Again, vaccinate with bovine virus in any form found on the market, and obtained from what are considered the most reliable sources; perform the operation ever so carefully and with matter not over four or five days out of the dealer's hands, and you must not be too greatly disappointed if you get no result at all, and you had better expect none if the material is older than above mentioned.

If it grows, the probability is that six or seven days will elapse before the vesicle begins to form, and, instead of being a single vesicle, there may be several smaller ones. Maturity will hardly be reached inside of two weeks, and during this time some general eruption, or a limited number of secondary vesicles will, in many cases, appear. There is apt to be undue infiltration of the tissues about the pustule, with glandular swellings, while the crust will finally turn out either unexpectedly large or unduly small, and in almost every case there will be an ulcer when the crust sheds, and many of these are very deep and indolent, giving rise to an abundant surrounding crop of pustules, finally healing only after many weeks.*

Such a course is very discouraging to the practitioner, and, if it does not thoroughly disgust the patient or family, will beget much suspicion as to the "purity" of the vaccine and the care and judgment of the vaccinator. All these effects have been my constant experience with bovine virus, notwithstanding great care to obtain what were represented to be most carefully prepared points.

It is, moreover, just what we should look for in the knowlege of what Jenner, Woodville,

* Under the application of iodoform, 20 to 30 grains to the ounce of excipient, I have found them generally to heal much more rapidly than indicated, which is the course when only cleanliness and avoidance of irritation is practiced.

Pearson, Ceely, Bousquet, Estlin, and Crookshank have taught as the normal effects of inoculation with "primary lymph." I am aware that the phrase "primary lymph" is generally restricted to the designation of the matter obtained from a case of cow-pox, arising spontaneously in the cow, or on the person of the milker, from contact with the affected parts of the cow, and not applied to the material furnished from vaccine farms, which is the result of experimental inoculation, and really many times "removed" from an original case. I know that it is contended that in thus passing it by successive inoculations to a number of removes, through the system of the heifer, a product is obained which is without the untoward effects of the primary lymph.

Experience would, however, seem to prove that, though they are modified, they are by no means eliminated to the same extent as when the lymph has been humanized to even the first remove from the ordinary bovine virus.

Only a few weeks ago, I vaccinated a case with a point where one of the pustules produced the ugly sore above described; the other healed with a small crust and left no ulcer. Although the crust was small, it was in all other respects fairly typical, and, the child being a healthy one, I used it on four other children belonging to two different families, and obtained in all typical results corresponding with those described as belonging to humanized virus.

It is worthy of note that three of these children I had, about six months earlier, twice (at an interval of a few weeks) inoculated with every care with fresh ivory points, without getting any result at all, and that two of these three had in their early infancy been vaccinated in Chicago without any result. I could, however, not learn whether humanized or bovine virus had been used in this first experiment.

The danger of transmitting syphilis or other constitutional disease is the main argument made against the use of humanized viris. When the evidence to support this theory is examined critically, it is found to have a very frail foundation in a few cases, where the grossest carelessness in the selection of virus existed. With proper care it would have no basis whatever.

It is true that roseola quite commonly, and other eruptions occasionally, arise in the use of humanized virus, appearing during the febrile stage of the vaccine disease and disappearing with it. But are these syphilides? Would we not look for syphilides to appear weeks and months after the primary sore has healed? Besides, these lesions of the skin present themselves much oftener where bovine virus is used, and, therefore, rather represent, in the humanized product, a dangerous approach to the "primary lymph," —if you please, an insufficient "attenuation."

In the selection of humanized virus, all due care should, of course, be exercised. A perfect pustule that has dropped spontaneously from a fairly-healthy infant, and used before it is a month old, during which time it has been kept folded in a clean piece of glazed paper, will be neither an onerous requirement nor justify blame. A clean lancet, a clean saucer on which to prepare the virus, and a clean arm for its application will satisfy many, while the contingent in which the antiseptic conscience has been exquisitely developed can appease it by a full line of "antiseptic precautions."

The source of supply of reliable humanized virus may have to be wrestled with. If the practitioner will habitually vaccinate at least a few cases every month of the year, being careful that of these few there is at least one from which he would be willing to take the crust, most men would be, in this respect, "sufficient unto themselves." The majority of those who, for want of patients or other reasons, could not thus equip themselves might be helped out by their *confrères*.

On a larger scale provision might be made by vesting in the State Board of Health the maintenance of a vaccine bureau, which would not necessarily be an expensive affair. The vaccine officer should have constantly on hand a supply of crusts, which could be obtained free of charge by any registered physician in the State on application; if by mail, with stamp for return postage.

The supply of such a bureau might be kept up by the voluntary contributions of the profession at large, and especially from those to whom crusts had been furnished, and by such co operation with municipal boards of health as would insure, through their vaccine physicians, a liberal supply. In every case a certificate by the physician furnishing the crusts, stating age and physical condition of the vaccinifer, should accompany the virus.

Such a bureau, I believe, could be operated successfully by a single clerk, over whom a medical man should, of course, have supervision.

1624 Diamond Street.

ABSTRACTS.

EPISTAXIS IN BRIGHT'S DISEASE.—Dr. Saverny (Thèse de Paris, 1891) reviews the etiology, clinical characters, prognosis, and pathogenesis of epistaxis occurring in Bright's disease, and considers it due to (1) a sanguine dyscrasia; (2) to alterations of the vessels supplying the nasal mucous membrane; (3) to cardiac hypertrophy and increased arterial tension. The author comes to the conclusion that epistaxis is frequent in interstitial nephritis, but exceptional in the other forms of Bright's disease. It occurs at all stages of renal sclerosis, but principally at the beginning and at the end of the malady. Sometimes it is the first sign which excites a suspicion of the existence of the affection, and at this period it is a diagnostic sign of great value. On account of the loss of blood and of the grave accidents of which it is often the precursor, the prognosis of epistaxis is always serious. The last chapter is devoted to treatment, which should be at the same time symptomatic and addressed to the cause. Without forgetting that the arterio-sclerosis of the vessels of the pituitary membrane appears to be the essential condition which gives rise to the epistaxis of interstitial nephritis, the local measures habitually used in epistaxis should be employed. But the true treatment of the epistaxis of Bright's disease is an absolute milk diet.—*Revue de Laryngologie*, etc., May 1, 1891.

THE ETIOLOGY OF ENDEMIC GOITRE.—A very careful and original study has been published (Giornale de la R. Acc. Med. di Torino) by Drs. Lustig and Carle, of Turin. Their observations were made in the valley of Aosta, where goitre is endemic, and their conclusions are as follow:—

1. All the examinations of water used for drinking and culinary purposes by the subjects of endemic goitre revealed the presence of numerous bacteria.

2. The constant presence, in variable quantity, of a bacillus which liquefies gelatin and has special morphological and biological characters.

3. Experiments made by giving this water to horses and dogs in a district exempt from goitre showed that it possessed an incontestable power to produce an enlargement of the thyroid gland.

4. It is not yet proved that elimination of the microbes destroys the power of the water to cause goitre.—*Revue de Laryngologie*, etc., May 1, 1891.

SYNTHESIS OF QUININE.—At a meeting of the Biological Society, April 18, 1891, M. Grimaux stated that, guided by the analogy of their chemical formulæ, he had succeeded in transforming morphine into codeine, and that, by a similar method, he was now able to produce quinine synthetically. He avails himself of a chemical modification of cupreine, a base found in the *Remijia pedunculata*, a plant which contains none of the cinchona alkaloids. MM. Grimaux and Arnaud have by synthesis accomplished the production from cupreine of a substance absolutely analogous to natural quinine. Moreover, from cupreine they have obtained other bodies analogous to quinine. These are ethers of cupreine, and are probably also endowed with decided physiological properties. M. Grimaux ended by calling the attention of botanists to the fact that vegetable substances whieh yield alcohols always contain, from the chemical point of view, the radical methyl, and never ethyl.—*La Tribune Médicale*, April 23, 1891.

EXPERIMENTAL TYPHOID FEVER.—At a meeting of the Biological Society, May 7, 1891, M. Gilbert remarked that inoculations with Eberth's typhoid bacillus had given different results to different experimenters, only Fraenkel, Widal, and Chantemesse having found ulcers of Peyer's patches in the animals upon which they operated. These experiments have been repeated by MM. Gilbert and Girode, who succeeded in producing typhoid fever in the guinea-pig by subcutaneous injection of a cubic centimetre of a culture of the bacillus. The animals died after manifesting symptoms of the disease,—fever, diarrhœa, wasting, etc. At the autopsies the mesenteric glands, liver, and spleen were found swollen, and the intestines were ulcerated. Bacteriological examination showed the presence of the bacillus of Eberth in the spleen.—*La Tribune Médicale*, May 7, 1891.

TREATMENT OF CANCERS BY INJECTION OF PYOKTANIN.—At a meeting of the Surgical Society, Aprll 29, 1891, M. Le Dentu reported 5 cases in which he had treated malignant growths by the injection of pyoktanin, as pro-

posed by Mosetig, of Vienna. Three were epitheliomata of the lips and of the eye, 1 a cancer of the tongue, and 1 a primitive cancer of the cervical glands. All the experiments failed. It became necessary to operate, and upon microscopical examination not the slightest modification of the epithelial elements was discovered.

M. Richelot remarked that he had treated two men by this method. One had an epithelioma of the cheek, the other of the lower jaw. The first case remained stationary; the second had soon died. He had then 2 cases under the same treatment, a cancer of the breast and an osteosarcoma of the pelvis. The latter had diminished considerably in size; the former was stationary.

M. Reclus had injected pyoktanin in a cancer of the tongue and a cancer of the tonsil, and had succeeded in neither case. Examination of preparations from the latter had failed to show any coloration of the cellular elements, and venous thrombi were present.—*La Tribune Médicale*, May 7, 1891.

Intestinal Parasites of Anthropoid Apes.—At a meeting of the Biological Society, April 25th, M. Blanchard described three parasites analogous to those met with in the herbivora, and bearing no resemblance to the intestinal worms found in the human subject. —*La Tribune Médicale*, April 30, 1891.

Experimental Study of Infectious and Dialytic Processes in Hydatid Cysts of the Liver.—This subject has been studied by MM. Chauffard and F. Widal. It resulted from their investigation (1) that the clear liquid of the cysts is strictly aseptic; (2) that it constitutes a good culture-medium for microbes placed in it; (3) that the cyst-wall, however thin it may be, is a perfect natural filter, not permitting the passage of microbes, but which readily allows soluble substances of microbean or mineral origin to traverse it, as well as colloid and albuminoid bodies. The authors next sought to ascertain what antiseptics had the power of arresting the development of cultures in the hydatid fluid, and what quantity it was necessary to employ for this purpose. It was found that 1 part of corrosive sublimate in 55000 sufficed, while of carbolic acid the quantity required was too large to be employed. A saturated solution of naphthol in water was unable to restrain germination.

M. Dumontpallier mentioned a case of hydatid cyst of the liver, complicated with pleurisy, probably due to the penetration of the pleura by the hydatid fluid. The pleural effusion contained no pus. M. Letulle shared the opinion of MM. Chauffard and Widal, that pyogenic infection of the cyst was always a secondary process, but thought that in a certain number of cases the infection occurred through the blood. He cited two examples of suppurating cysts, one in a man suffering from abscess of the tonsil, and the other in a patient with a small tubercular cavity. These cases led him to believe that infection may spread by way of the blood-vessels.—*Le Progrès Médical*, April 25, 1891.

Eberth's Bacillus Found in a Hæmorrhagic Pleural Effusion.—At a meeting, April 17th, of the Hospital Medical Society, MM. Charrin and Royer reported a case of a man, 31 years of age, who, on the 24th of November, 1890, was admitted under the care of M. Bouchard. The patient had been ill for fifteen days, and a diagnosis of typhoid fever was made with reserve. On the 4th of December a left-sided pleural effusion was detected. This had diminished by the 10th, but on the 19th dyspnœa and effusion increased. There were râles at each apex. A puncture with a Pravaz syringe gave issue to a few drops of bloody fluid. On the 9th of January thoracentesis was performed and 2 litres (3½ pints) of bloody fluid withdrawn. Three days later the man died. At the autopsy the abdominal viscera and Peyer's patches were found free from disease. Disseminated foci of broncho-pneumonia were present. Cultures made with the pleural effusion produced colonies absolutely identical with the bacillus of Eberth. These cultures, very virulent in mice, gave rise in the guinea-pig to bloody effusions in the pleura and peritoneum.—*Le Progrès Médical*, April 25, 1891.

Unusual Localization of Pneumococcous Infection.—At a meeting of the Hospital Medical Society, MM. Rendu and Boulloche reported 2 cases of this description. A woman, aged 24 years, under the care of M. Rendu had been attacked during the night preceding by a chill, headache, insomnia, and pain in the limbs. Nothing was found in the lungs upon auscultation, and the other viscera were healthy. The only lesion present was an

erythematous angina resembling rheumatic angina, but less painful. There was an obvious disproportion between the local difficulty and the systemic disorder. On the third day the temperature abruptly fell and abundant diaphoresis and diuresis occurred. The patient was an inmate of the hospital, and three of the occupants of her dormitory had, a few days previously, suffered from pneumonia. This circumstance suggested the idea that the infection was caused by pneumococci. A mouse inoculated with the patient's saliva was infected with pneumococci and died in eighteen hours. The second patient presented an identical history, but a bacteriological examination was not made.

M. Rendu believes that, among the different forms of erythematous angina, one should be recognized as occasioned by the pneumococcus and characterized by an abrupt beginning with a chill, infectious symptoms out of proportion to the local condition, and terminating in two or three days by a sudden fall of temperature and crisis by diaphoresis.

It might be objected that the presence of pneumococci in the saliva is not of decisive importance, but inoculations have a less rapid effect when made with the saliva of a healthy person.

The second case was that of an individual who, after suffering for several days from influenza, was brought to the hospital in a sombre and melancholy condition. Some days subsequently there developed symptoms of meningitis with right brachial monoplegia, dilatation of the pupils and aphasia. At the autopsy patches of suppurative pneumococcous meningitis were found.

M. Netter remarked that pneumonic cerebro-spinal meningitis occurs more frequently than is generally supposed. He had lately made an autopsy of a child who died of cerebro-spinal meningitis from pneumococci, the mother having perished from pneumonia a few days previously. It is likewise of interest in these cases to examine the cavities of the ears and the sinuses connected with the respiratory passages. These cavities are frequently involved, and contain either serum or pus in which the cocci are present. Two types of pneumococcous angina have already been described. One is a pseudo-membranous angina, studied clinically by M. Jaccoud. The speaker also had, within a few days, observed a pseudo-membranous laryngitis simulating croup, a pneumonic laryngitis. In the second form foci of suppuration exist in the tonsils. As to the type described by M. Rendu, the speaker believed that it does exist, though it is difficult to prove the fact. It is known that after defervescence from pneumonia the cocci disappear from the saliva, or, at least, that that fluid is not virulent. But its virulence re-appears after fifteen days, and on the twenty-first day it is again manifest in 60 per cent. of the cases. In the intervals the microbe is probably attenuated, but not destroyed. Generally the secondary localizations of the pneumococcus occur before the primary localization is entirely cured. Whatever the explanation, the fact has been experimentally demonstrated that for some days immediately after recovery the pneumococci have lost their virulence, which they generally regain at the end of the second or third week.—*La Tribune Médicale*, May 14, 1891.

Paroxysmal Ptyalism in General Paralysis.—At a meeting of the Biological Society, May 9th, M. Féré recalled the experiments of Bochefontaine and Albertoni, demonstrating that stimulation of the cerebral cortex may cause an increased secretion of saliva, and made allusion to a case of general paralysis under his observation. Crises of salivation preceded, in this case, each epileptiform attack, but occurred under no other circumstances.—*La Tribune Médicale*, May 14, 1891.

Suppression of the Milk After an Epileptic Attack.—At a meeting of the Biological Society, May 16th, M. Féré remarked that after an epileptic paroxysm the diminution or suppression of various secretions, as the saliva, sweat, etc., has been observed. He was able to add an interesting fact of a similar character. Under a course of bromides an epileptic young woman had been free from attacks and had become pregnant. She gave birth to a living infant whom she suckled for about six months, when, having neglected treatment, she experienced a paroxysm. Upon recovering from the fit she found herself inundated with milk, but her breasts were flaccid and empty, and from that day she has not secreted a drop of milk.—*La Tribune Médicale*, May 21, 1891.

Sambucus as a Diuretic.—In a short report upon the use of elder as a diuretic, Dr.

George Lemoine refers to the physiological experiments of Combemales upon guinea-pigs and dogs. In the former animal the use of the whole bark, in doses of 9 to 12 grammes per kilogramme of body-weight (63 to 84 grains to the pound avoirdupois), produced a marked increase of urine, and the effect lasted four hours. In a dog no considerable increase of urine was caused by doses of 1.5 grammes, 3 and 6 grammes per kilogramme (10, 20, and 40 grains per pound), but the temperature was lowered, and the pulse and respiration rendered more slow: 10.5 and 11.5 grammes per kilogramme (73 to 80 grains to the pound) of the decoction of the outer bark gave rise to decided polyuria. The inner bark contains a volatile, odorous constituent, which is driven off in preparing the decoction, but is not lost in the process of maceration. The decoction of the fresh inner bark was strongly diuretic. In the dose of 4 grammes per kilogramme (28 grains per pound) the effect is first perceived an hour and a half after the administration of the drug. In doses of 5 to 22 grammes (35 to 154 grains to the pound) the action was much more rapid, and the effect continued for more than five hours. In the meantime the temperature, after first rising slightly, sank to a tenth below the normal. The pulse also gradually became more slow. A maceration of the inner bark exerted much less influence upon the kidneys, but occasioned nausea and vomiting, with, subsequently, a severe diarrhœa, associated with reductiou of the temperature and retardation of the pulse. A rabbit died after the injection of 12 grammes per kilogramme (84 grains to the pound) of a decoction of the whole bark evaporated to the consistence of a syrup. The post-mortem showed intense injection of all the organs, with pulmonary hæmorrhages.

Favorable results were obtained from the remedy in the human subject. The writer employed a decoction made by adding a handful of the fresh inner bark to a litre and a half (about 2½ pints) of water, evaporating to one-fourth of its volume, adding simple syrup and peppermint, the whole to be taken in twenty-four hours. It never excited vomiting or profuse perspiration, but, with few exceptions, caused an increase of urine, and two or three days later copious, loose stools (two to five daily). The author pronounces the remedy to be a diuretic of the first class, and capable of excellent service in ascites and œdema. Increased diuresis continues as long as the drug is used. The happiest effect was produced in acute nephritis; in the chronic form of the disease its action is more slow. Sambucus, moreover, on account of its entire harmlessness, is well adapted for use in affections of the heart, in which digitalis is not always suitable. In 2 cases in which elder bark was being taken an acute eruption upon the skin occurred, in one case of small furuncles, in the other an urticaria. The remedy is a good diuretic, but has no other influence upon the course of the disease.—*Deutsche Med. Zeitung*, May 14, 1891.

On the Influence of Acute Febrile Affections upon the Course of Chronic Pulmonary Tuberculosis.—The two following cases are reported from the clinic of Professor Stolnikow, of Warsaw: In a woman of 38 years the physical signs of tuberculous disease of a portion of the lung were demonstrated. The expectoration contained bacilli, few in number but plainly recognizable. In the throat was a dirty and rather deep ulcer, the secretion of which was free from bacilli. During the first three weeks of treatment the temperature stood at about 38° C. (100.4° F.). The patient contracted erysipelas; the temperature of head and face rose to 39.4 C. (102.9° F.). The ulcer of the throat soon began to clean. In six days the erysipelas was cured, the ulcer half healed, and cough and expectoration had become very slight. In four days more the ulcer was entirely healed. When the patient was dismissed, four weeks after the appearance of the erysipelas, scarcely any percussion dullness remained, no adventitious sounds were to be heard, cough and expectoration had nearly vanished, and no tubercle bacilli were to be found in the sputum. These organisms were absent from the third day of the erysipelas. The woman had gained considerably in weight, and her general condition was good.

The second case was that of a colleague, 30 years of age, who, in December, 1888, was suffering from a chronic bronchial catarrh, with morning sweats. Three months later induration of the right apex with crackling râles was recognized. A vast number of tubercle bacilli were found in the sputum. Soon afterward the patient was attacked with typhus fever. The temperatures were high, but the disease progressed favorably. The cough increased

greatly during the course of the fever. The body-weight sank from 170 to 140 pounds. Three months after recovery from the fever the cough, chills, and sweats had disappeared. In one month the weight increased 20 pounds. No bacilli remained in the sputum, which had become slight and consisted solely of mucus. The patient felt entirely well.—*Deutsche Med. Zeitung*, May 14, 1891.

THERAPEUTIC NOTES.

HYDRATE OF AMYLENE.

P. Nacke thus sums up his experience (Allg. Zeitschr. f. Psych.) in regard to the therapeutic power of this substance:—

1. A 10-per-cent. solution given in doses of 2 to 5 teaspoonfuls by the mouth diminishes the number of paroxysms in persons who have suffered from epilepsy for years.

2. No dangerous after-effects have ever been observed from the remedy.

3. It retains its activity even after its use is maintained for from three to five months.

4. Its influence is favorable not only in nocturnal epilepsy, but also in other forms of the disease.

5. Its anti-epileptic action is exerted independently of the psychic condition of the patient.

It must be acknowledged that, in several patients formerly under treatment by bromide of potassium, the administration of hydrate of amylene during several weeks was attended by an increased number of attacks and an aggravation of the mental condition.—*La Gazette Médicale de Montréal*, April, 1891.

THE TREATMENT OF CHRONIC DYSPEPSIA BY MEANS OF MASSAGE.

Upon this subject Cseri has an interesting article in the Wiener Medizinische Wochenschrift. The method seems to be of real efficacy. It should be limited to chronic non-inflammatory dyspepsia, and without gastro-intestinal hæmorrhages. The following is a summary of the technique, mode of action, and results:—

1. The operative technique of massage of the stomach is extremely simple. The preferable time for its employment is two or three hours after the principal meal. The patient should lie upon his back with thighs flexed upon the pelvis, the mouth open, and should take deep breaths. The massage consists at first of very light and superficial stroking of the gastric region. The pressure is gradually augmented until at last actual kneading of the stomach is practiced, care always being taken to direct the pressure from the cardiac extremity and the borders of the organ toward the pylorus. Each *séance* should last about ten minutes. After the massage of the stomach the same manipulations should be performed for four or five minutes upon the bowel, both small and large. In operating upon the large gut its anatomical course should be followed from the cæcum, along the ascending, transverse, and descending colon as far as the sigmoid flexure.

2. The following is, according to Cseri, the manner in which massage proves beneficial: Practiced at a time when the stomach is full of food, often ill-digested and which might still long remain there, massage assures the passage of this material into the duodenum, at first by awakening the contractility of the muscular coat, then by the direct influence of the pressure upon the alimentary mass. Finally, it arouses the tonicity of the stomach. At the same time it opposes the tendency to stricture of the pylorus, to which Cseri attributes a special rôle in nervous dyspepsia. The stimulation of the muscular wall is also, perhaps, not without influence in increasing the secretion of gastric juice. Massage of the intestine acts in an analogous manner. It will be remembered how frequent constipation is in dyspepsia. Intestinal massage is one of the most powerful methods of combating this condition, and is, therefore, in relation to this symptom, of great utility.

3. The results are, as regards relief, almost instantaneous. From the end of the *séance* the patients remain comfortable, are troubled by no more painful sensations, or the feeling of distension so common in dyspepsia. If the pressure be managed with the necessary graduation, there is never, during the practice of the massage or afterward, the least pain experienced. Not rarely, as soon as the distension of the stomach is relieved, the patient is seized with a strong desire to sleep, an interesting fact in relation to the insomnia of gastric origin. At the end of some days' treatment melancholy disappears. The patients feel comfortable, and lose that tendency to chilliness by which they are so generally troubled.

But, in order to preserve the amelioration obtained, the massage should, as a rule, be continued for a certain time. Frequently, after having been abandoned, it needs to be resumed on account of recurrence of the disorder. It is scarcely necessary to add that the mechanical treatment of dyspepsia does not at all exclude the assistance of strictly regulated diet and appropriate medication.—*La Gazette Médicale de Montréal*, April, 1891.

TREATMENT OF PROFUSE SWEATING BY MEANS OF CAMPHORIC ACID AND TELLURATE OF SODIUM.

In an article published in the Bulletin de Thérapeutique, Professor Combemale, of Lille, announces the following conclusions:—

(*a*) 1. Camphoric acid has a certain effect upon the night-sweats of phthisis. It often suppresses them, frequently diminishes them, and is rarely altogether without effect.

2. These effects are produced by daily doses of 30 grains or more; certainly by single doses of 30 grains.

3. No unpleasant or serious consequences follow the use of camphoric acid.

4. The less purulent the tubercular lesions, the more powerful is the action of camphoric acid.

(*b*) 5. The tellurate of sodium has a powerful influence over the night-sweats of phthisis.

6. A daily dose of ¾ grain of tellurate of sodium may be relied upon to check sweating. The antihydrotic effect of ⅓ to ½ grain is less certain and less marked.

7. The tellurate of sodium sometimes communicates an alliaceous odor to the breath, and its repeated ingestion causes secondary difficulties.

8. The tellurate of sodium succeeds in all forms of pulmonary tuberculosis, but to suppress perspiration the dose must be in direct proportion to the gravity of the pulmonary lesions.

(*c*) 9. The tellurate of sodium is at the present time the most powerful remedy in the treatment of the profuse night-sweats of phthisis.

10. Camphoric acid, though less reliable than the tellurate of sodium, should, nevertheless, be preferred to all other known antihydrotic agents.

(*d*) 11. Neither the tellurate of sodium nor camphoric acid is limited to the treatment of the sweating of tuberculosis. Those of rheumatism, typhoid fever, syphilitic phthisis, and dyspepsia are suppressed by these drugs.

12. The action of these substances is related clinically to their antiseptic properties; that is, their destructive effect upon soluble bacterial products.—*La Gazette Médicale de Montréal*, April, 1891.

PILOCARPINE IN ŒDEMA OF THE GLOTTIS.

Dr. Suarez, having been called to examine the larynx of a patient threatened with suffocation, perceived a minute interspace at the level of the swelling. He counselled that, before tracheotomy was undertaken, hypodermatic injections of pilocarpine should be tried. About ⅓ grain was thrown under the skin within forty minutes, in three injections. After the first the patient was notably relieved, and twenty minutes after the last the anxious condition was replaced by one of absolute calm. Eight days later the patient was well.—*Le Progrès Médicale*, May 9, 1891.

TREATMENT OF A COLD.

In acute rhinitis, Bosworth recommends as local applications:—

℞ Cocainæ hydrochlorat., . gr. x.
Morphin., ... gr. v–x.
Aquæ, ... ℥j.
M. Sig.: Use with atomizer every three hours.

Fluid cosmoline or benzoinol may be substituted for the ounce of water, in which case it will be necessary to use the Burgess or Magic atomizer for the application. In lieu of an atomizer the above fluids can be applied to the nose by an ordinary dropper and drawn in by insufflation.

It is sometimes more convenient to prescribe these remedies in the form of a powder, in which case we may give as follows:—

℞ Cocainæ hydrochlorat., . gr. v.
Pulv. magnesiæ, . . . ℥ss.

To which may be added, if advisable, a grain of morphine.

Those drugs which belong to the mint series seem to have a notably agreeable action on the inflamed mucous membrane of the nose. These may be given in the form of a snuff, as follows:—

℞ Menthol. pulv., . . . gr. ij.
Bismuth. subcarb., . . ℥j.
Sacchar. alb., . . . ℥iss.

Camphor is a remedy which of late years has come much into vogue in these disorders, and undoubtedly has an excellent effect, and may

be added to either of the above prescriptions for snuffs in the proportion of 2 grains to the ounce.

Hager's remedy, popular in Germany and used by inhalation, is thus composed:—

℞ Carbolic acid, . . . 1 pint.
Strong alcohol, . . . 3 pints.
Caustic ammonia, . . 1 pint.
Distilled water, . . . 2 pints.

This is placed in an open-mouthed bottle and the fumes inhaled through the nose.

Another formula is—

℞ Acidi acetici glacialis,
Acidi carbolici, . . āā gr. ij.
Mist. oleo-balsamic, . . gr. viij.
Tinct. moschi, . . . gr. j.

This can be placed in a lady's vinaigrette for inhalation.

A hot-water pack laid across the forehead and bridge of the nose, remaining in contact with the integument until the local symptoms disappear, is of good service. The passage through the nasal cavities by means of the nasal douche of water as hot as it can be borne is likewise recommended.

In acute pharyngitis—

℞ Chlorate of potash, . . gr. xxx.
Powdered gum-arabic,
White sugar, . . āā ʒss.

M. Sig.: A small portion to be taken on the tongue and allowed to melt in the mouth.

In acute laryngitis any of the following solutions may be applied by means of the spray:—

℞ Argenti nitrat., . . gr. ii to ʒj.
Liq. ferri perchloridi, . ♏x to ʒj.
Cupri sulphat., . . gr. iii to ʒj.
Zinci sulphat., . . gr. v to ʒj.

ACUTE TONSILLITIS, OR QUINZY.

Generally a rheumatic manifestation. Hence, while local applications may afford a certain amount of relief, anti rheumatic remedies must constitute the main dependence. Thus:—

℞ Sodii salicylat., . . . ʒij.
Aquæ, ... ʒvj.

M. Sig.: A tablespoonful every two hours.

In the early stages of the attack there may be given, in connection with the above prescription, 3 minims of tincture of aconite, to be continued until its constitutional effect has been produced. Relief is also afforded by applying bicarbonate of soda by simply wetting the finger, dipping it into the soda and passing it well into the fauces, spreading it over the swollen palate and tonsils.—From "Taking Cold," by F. H. Bosworth, M.D.

ICHTHYOL VARNISHES.

The following formulæ have been elaborated by Unna:—

℞ Ichthyol, ... 40 parts.
Starch, ... 40 "
Albumen solution, about 1 or 1½ "
Water, . enough to make 100 "

The component parts are thus mixed: The starch is first uniformly moistened with the water, the ichthyol is next well rubbed in, and the solution of albumen finally added.

The albumen solution maintains the starch in suspension.

The above preparation he terms ichthyol-firnis (*vernisium ichthyoli*) and recommends for the treatment of acne in persons with irritable skin, rosacea, seborrhœic eczema, erysipelas, etc. It may also be utilized as a vehicle for other remedies. The addition of chrysarobin (2 to 5 per cent.), pyrogallic acid, resorcin, or sulphur adapts the mixture for the treatment of parasitic forms of eczema, psoriasis, and other parasitic diseases of the skin.

Another formula, combining ichthyol and carbolic acid, is:—

℞ Ichthyol, ... 25.0 parts.
Carbolic acid, ... 2.5 "
Starch, ... 50.0 "
Water, ... 22.5 "

The ichthyol and carbolic acid are dissolved in the water by the aid of heat. The carbolic acid does not separate upon cooling. To the solution the starch is gradually added with rubbing. This preparation is recommended for use in minor surgery.

Ueber "ichthyolfirnisse" von P. G. Unna, *Sonderabdruck aus Monatschefte für praktische Dermatologie*, Band xii, No. 2.

CASTELLAN reports 33 cases of gonorrhœa treated by means of injections of 1-per-cent. solution of bicarbonate of soda. All were cured within twenty days.—*Times and Register*, June 6, 1891.

O'BRIEN claims to cure in eight days, by injections of warm sea-water, repeated eight times daily.—*Ibid.*

POMADE FOR ALOPECIA.

Monin (L'Union Médicale, March 3, 1891) recommends a pomade composed of gallic acid

3 grammes, castor-oil 20 grammes, white vaselin 40 grammes, spirits of lavender 15 drops. To be thoroughly rubbed into the scalp night and morning.—*Journ. Am. Med. Asso.*

THE TREATMENT OF VARICOSE VEINS.

At a meeting of the Edinburgh Medico-Chirurgical Society Dr. William Taylor read a paper on the treatment of varicose veins. The treatment he advocated was blistering. He had discovered its good effects accidentally, when treating a case of gout by means of blisters, and had since tried it in many cases with considerable success, and found it specially useful in old people. He considered blistering to be "eminently restorative" in varicose veins. Dr. Taylor did not believe in elastic stockings, and considered operative treatment unscientific. He supposed that the coats of the veins participated in some way, which he could not explain, in the restored vitality set up by the action of the blisters. He found that the veins remained sound for several years, but were then apt to become distended again, and required the treatment to be renewed. Its great advantage was that it could be used in cases where palliative treatment was contra-indicated, and that it always did good to the solid œdema so often associated with the varicose condition. The details of the treatment were as follow: 1. Remove the cause. 2. Obviate the tendency. 3. Elevate the limb for twenty-four hours. 4. Blister from the foot upward, 6 inches daily, watching the kidneys and bladder. First paint the part with Rubini's tincture of camphor, then with blistering fluid, and lastly with collodion. The blisters must rise and serum be withdrawn to do good. 5. When whole limb is blistered, apply plaster to the whole length of the vein for two weeks. 6. Remove the plaster and see what is the result of the treatment. If the veins bulge, blister again; if they are all right, apply more plaster and allow gentle exercise for a week. If at the end of that time the veins are still in good condition no further treatment is needed. —*Provincial Med. Journal.*

SOLUTION FOR THE REMOVAL OF FRECKLES.

℞ Chloride of ammonium, . 1 drachm.
Hydrochloric acid, . . 1 "
Glycerin, ... 1 ounce.
Fresh milk, . . . 2 ounces.

Dissolve, and apply night and morning to the part of the skin which is affected.—*Journ. des Malad. Cutan. et Syph.; Medical News*, May 2, 1891.

TREATMENT OF FISSURED TONGUE.

℞ Carbolic acid, . . 37½ grains.
Tincture of iodine,
Glycerin, . . āā 3 drachms.

M. Paint the affected parts.—*Ibid.*

ACETANILID AS AN ANTISEPTIC.

Early in the days when acetanilid was first introduced, some prominence was given to its antiseptic properties, but in the crowd of substances specially introduced as members of the "antiseptica," this field of usefulness for it was forgotten. Quite recently its virtues in this direction have been accentuated by the descriptions of its use instead of iodoform in the treatment of hard and soft venereal sores. The chancre is simply dusted with the powdered compound, and the result is said to be a rapid and complete healing. The advantages of the odorless and non-toxic acetanilid over iodoform need no emphasis; while for hospitals and dispensaries its cheapness would further recommend it if increased observation confirm these statements.—*Provincial Med. Journ.; Journ. Am. Med. Asso.*

PILOCARPINE in alcoholism is administered by Dr. Josham (Medical Record) in ⅓-grain doses hypodermatically. Its sobering effects are said to be remarkable. Sleep ensues and the patient wakes up a perfectly rational being. The tense, red, bloated countenance, the bleared, congested eyes pass away, the features become calm and easy, the skin soft and clear. —*Dixie Doctor.*

MODERN DERMATOLOGICAL REMEDIES.

The following information respecting some of the newer forms of external remedies used in the clinic of Professor Hebra, Vienna, is published in the Pharmaceutische Post:—

Spray Treatment.—Very frequently an ether spray is used as a vehicle for mercuric sublimate (1 to 2 per cent.), and chrysarobin (10 per cent.). It is considered that the spray, besides its anodyne properties, presents the advantage of attacking affected parts otherwise difficult to reach, such as those covered with hair. Whilst the mercuric chloride spray does good service principally in affections of the mucous membrane, the chrysarobin spray is used in mycosis of the skin. The apparatus used is one combined with a ball-blower.

Medicated Soaps.—The super-fatted medicated soaps introduced by Unna are used in a form as improved by Eichoff. The basis con-

sists preferably of beef-tallow, together with liquor sodæ 2 parts, liquor potassæ 1 part, and some olive-oil. The super-fatted soaps employed are the resorcin-salicylic, resorcin-salicylic sulphur, and the resorcin-salicylic-sulphur-tar soaps. In these forms the resorcin is claimed to develop advantageously its action antagonistic to inflammation; the salicylic acid is said to dissolve the horny layer of the epidermis and to act as a bactericide; the sulphur also lowers the inflammation; while the tar diminishes the itching and favorably influences the dilated vessels.

Glycerinum Saponatum.—This is an ointment basis, containing a large proportion of glycerin, in the preparation of which a small quantity of a neutral cocoanut-oil soda soap is used. Its composition varies from 80 to 92 per cent. of glycerin and 20 to 8 per cent. of soap. The glycerinum saponatum is soluble in cold and warm water, and is said to possess the advantageous property of dissolving a large number of substances, and of holding other insoluble pulverulent substances in suspension. To this class belong:—

(*a*) Ointments with an acid basis (80 per cent. glycerin).—(1) Glycerin saponatum with salicylic acid (5 per cent.), employed especially for the removal of horny epidermal growths; (2) Glyc. sapon. with salycylic acid (5 per cent.) and resorcin (5 per cent.) combines the properties of the preceding with those of resorcin, in diminishing the inflammation, acting as an antiseptic and promoting the regeneration of the epidermis; (3) Glyc. sapon. with salicylic acid (5 per cent.), and creasote (5 per cent.), promotes healing without pain in lupus vulgaris, lepra, etc.; (4) Glyc. sap. with salicylic acid (3 per cent.) and tar (10 per cent), useful in scaly eczema with itching.

(*b*) Ointments with a neutral basis (92 per cent.) glycerin.—(1) Glyc. sapon. with zinc oxide (5 per cent.), used for cosmetic purposes and in slight cases of eczema; (2) Glyc. sapon. with sulphur (10 per cent.); (3) Glyc. sapon. with zinc oxide (10 per cent.), used in acne; (4) Glyc. sapon. with iodoform, (5, 10, to 50 per cent.), said to be remarkably active, purifying and promoting granular action in wounds, ulcers, buboes, and carbuncles; (5) Glyc. sapon. with chrysarobin (10 per cent.), approved especially in psoriasis; (6) Glyc. sapon. with hydroxylamine (1 per cent.) used in psoriasis of the face and hairy scalp; (7) Glyc. sapon. with ichthyol (5 per cent.) renders good service in violent itching of skin affections and arthritic swelling of the joints; (8) Glyc. sapon. with ichthyol (10 per cent.) and zinc oxide (10 per cent.), as in the preceding and in incipient eczema; (9) Glyc. sapon. with carbolic acid (2 to 3 per cent.) is good for disinfecting the hands, and also to relieve itching.

In other cases the vehicle represents a kind of dressing. Among the pastes, the zinc-starch-vaselin paste, with corresponding medication, take a high place. This paste is used with good result in combination with salicylic acid (acid. salicyl., ½; zinci oxidi et amyli, āā 25; vaselini, 50). The paste adheres to the face without any bandage; it is also dusted with starch. In the traumaticin treatment, traumaticin (a solution of 1 part of gutta percha in 10 to 15 parts of chloroform) is used as a medium for applying different remedies, such as chrysarobin, etc. It forms a pliant coating, and surpasses collodion by far in this respect.

Glycero gelatin is prepared in three forms: Soft (5 per cent. gelatin added), hard (10 per cent. gelatin and water), and hard (10 per cent. gelatin without water). Before using the preparation is liquefied by heat, and in this condition is spread on to the part affected by means of a brush, and covered with mull.

In the preparation of ointment and plaster mulls Unna's recommendation is followed to substitute lard by mutton-fat, which renders unnecessary additions of paraffin or wax. The dressings are dipped into the melted mass, dried, and rolled up. The gutta-percha mull is considered to present many advantages.

A new kind of dermatological plaster has been introduced, the basis of which consists of purified India-rubber and anhydrous lanolin worked up together to a remarkably adhesive mass. The mixture is medicated with various substances and spread upon linen, and is then known as collemplastrum. Among the advantages claimed for this kind of plaster are its low cost; that the mass does not separate from the linen; that, while possessing the adhesive properties of India-rubber plaster, the lanolin favors the absorption of the added medicament; and that the plaster can be readily removed without leaving portions adherent to the skin. Besides the simple collemplastrum adhæsivum, others are used containing respectively 10 to 20 per cent. salicylic acid, 30 per cent. pyrogallic acid, 60 per cent. mercury, 60 per cent. mer-

cury and 5 per cent. carbolic acid, 50 per cent. thiol, 40 per cent. zinc oxide, 10 per cent. liquid pitch, etc.—*Pharm. Journ. and Transactions.*

TONIC CHOCOLATE.

Professor von Mering's tonic chocolate, a proposed substitute for codliver oil, is on sale at some of the pharmacies here, and is finding considerable favor. Von Mering has long believed that the value of codliver-oil lies in the fact that it is an easily-assimilated fat. Two years ago he introduced a substitute for codliver-oil in the form of pure olive-oil, to which was added 6 drops of oleic acid to make it readily digestible. This preparation is said to have been successfully used, but, as some patients are prejudiced against the use of oils of all kinds, he has now introduced the chocolate. The quantity of natural fat in the chocolate is first estimated, and then a quantity of oleic acid equal to 5 per cent. of the fat is added, and the chocolate is manufactured as usual. Some fortunate dogs were fed on this article, and their increase in adipose tissue was so rapid as to be almost alarming. The reports do not say whether the dogs had tuberculosis or not. We must also remember that abundantly-fed dogs fatten upon a large number of alimentary substances.—*Paris Letter in Pharm. Record.*

THYMOL FOR CHYLURIA.

Surgeon-Major E. Lawrie reports in the Lancet the cure of 2 cases of chyluria dependent on filariæ in the blood, by treatment with thymol. It was administered internally in doses of 1 grain every four hours, gradually increased to 5 grains. This discovery is the more important that there has been hitherto no known remedy for the disease.—*Druggists' Circular.*

DIURETIC EFFECTS OF GRAPES.

Dr. Pecholier, of Montpelier, has published a note on the diuretic effects of grapes, which would appear to confirm the diuretic action of glucose recently brought to notice. In 2 cases—1 a patient with a cardiac disease, and the other the subject of hepatic cirrhosis with ascites—a "grape-cure" was undertaken with the best results. In the former patient, notably, 5 pounds of grapes were daily ingested in three parts, and the diuresis produced was much more considerable than with milk, digitalis, or iodide potassium.—*Exchange.*

THIOL IN DISEASES OF WOMEN.

Gottschalk (Centralblatt f. Gynäkologie, March 21, 1891) has used thiol in inflammations of the uterus and its appendages for nine months. He treats para- and peri- metric exudates with vaginal tampons impregnated with a 10- or 20- per cent. glycerin solution of the drug. At the same time he has the abdomen rubbed once daily with a salve containing the same remedy. After the tampon has been placed, the patient, as a rule, feels a "drawing up" of the belly, and there is a free flow of vaginal secretion. The tampon is removed in twenty four hours, and the flow ceases. The local effect of the drug on the skin of the abdominal wall is much the same as that of tincture of iodine. After six or eight days' application it is well to intermit this part of the treatment until the skin has regained its normal condition. Under this treatment, which will eventually be supplemented by the internal use of the drug, large pelvic exudates have disappeared in a few weeks. Up to the present time, Gottschalk has not failed to cure any case of this kind by this treatment which has passed through his hands. Baths and massage are very useful adjuncts to the treatment.

Inflammatory erosions about the vagina are treated with equal success by dusting them with a dry thiol powder. Acute aud chronic endometritis also yield readily to the remedy applied in solution on an applicator. The application is painless and without danger. The uterine colic which follows the use of iodine is not met with. No serious irritation has been observed to follow either the vaginal or intra-uterine applications. At times a slight blood discharge is seen to follow immediately after the treatment, due to the local irritating action of the drug upon the uterine mucous membrane. The mucous membrane is exfoliated after many applications.—*Univ. Medical Magazine.*

INJECTION OF SODIUM CHLORIDE SOLUTIONS IN ACUTE ANÆMIA.

Dr. Frank has employed this treatment with success in the clinic of Professor Schauta. In cases where there has been a large loss of blood, it is unnecessary to resort to transfusion of blood, as is commonly done, but it is sufficient to inject an indifferent sodium-chloride solution (0.6 per cent.) directly into the blood-vessels or subcutaneously. The procedure is carried out in the following manner: A sodium-chlo-

ride solution having the above strength is warmed, transferred to a Potain flask, and injected by means of Dieulafoy's apparatus into the subcutaneous tissue of the extremities, and rapidly disseminated by massage. In case of emergency, a simple canula and suction-pump is all that is necessary. Of course all antiseptic precautions must be employed. The quantity injected each time varied from 100 to 200 grammes, and the injections were repeated at long or short intervals. No ill results were observed by Frank and other authors.—*Dietetic Gazette; Prager Medicin. Wochenschr.*, No. 51, 1891.

GOUT AND RHEUMATISM.

There can be no possible doubt that, despite the different opinions in regard to the cause of gout and rheumatism, alkalies exercise a very good action, and tend to relieve the system of that hyperacidity which seems to be always present. In this administration of alkalies, some care is to be exercised in order to avoid those disturbances of the digestive system which may come on as a result of their continued administration. Among the best of the alkalies is lithium and its salts. Some, however, contend that its combination with other alkalies makes its action more sure and effective. A combination devised by an eminent practitioner is as follows:—

℞ Lithium benzoate, . . 12.823 grains.
Lithium bicarbonate, . 13.784 "
Potassium bicarbonate, 10.000 "
Sodium chloride, . 10.000 "
Carbonated water, . 16 ounces.—M.

This makes a palatable effervescing mixture which is very grateful to take, as well as effective in action. Of course, it is impossible to prepare this extemporaneously. Dr. Enno Sander has made the above in his usual thorough manner, and has named it Benzoated Lithium Water. Being palatable, it is taken by patients with a certain relish, and the peculiar taste of the alkalies does not manifest itself, being completely covered by the carbonated water.—*Weekly Medical Review.*

Pharmacists have been surprised of late at the number of the prescriptions they have had of the bromides united with bismuth and naphthol. They have now discovered the cause. M. Féré, of the Salpêtrière, finding that large doses of bromide of potassium disagreed with such of his nervous patients as had gastric troubles, sought for a combination which would enable him to give the bromides with impunity. He finally settled upon the following formula:—

℞ Bromide of potassium, 6 grammes.
Beta-naphthol, . . . 4 "
Salicylate of bismuth, . 2 "

Divide in 3 doses, and give 1 dose three times daily.

This is the prescription which many physicians are now trying for their nervo-gastric patients. Some of them add $\frac{1}{30}$ grain of sulphate of strychnine to the above.—*Paris Letter in Pharm. Record.*

PRURITUS HIEMALIS.

Corlett recommends the followiug topical applications in "winter itch":—

℞ Resorcin., . . . ʒj.
Glycerin., . . . ʒij.
Aquæ, . . . ad ℥iv.
M. Sig.: Apply.

℞ Menthol., . . . ʒiiiss.
Glycerin., . . . ℥ij.
Aquæ, . . . ad ℥iv.
M. Sig.: Apply.

℞ Ichthyol. ammon. sulph., ʒi–ij.
Glycerin., . . . ʒij.
Alcohol.,
Aquæ, . āā q. s. ad ℥v.
M. Sig.: Apply.

—*Boston Med. Journal.*

NIGHT-SWEATS.

The following prescriptions for the relief of night-sweats are published in the Revue Général de Clinique et de Thérapeutique:—

℞ Sulphate or tannate of quinine, gr. xv.
Powdered ergot, . . gr. xxx.

Divide into four powders, and take two or three in the course of the day. This prescription is also valuable in cases having a tendency to hæmoptysis. Or,

℞ Powdered agaricine, . ʒj.
Make into four powders, and take one powder at night.

℞ Powdered agaricine, . ʒj.
Powdered belladonna-root, gr. vij.
Divide into four powders; take one powder at night.

℞ Powdered agaricine, . ʒj.
Tannin, ... ʒj.
Make into four powders, and take one to two powders a day.—*Medical News.*

A NEW REMEDY FOR TAPE-WORM.

The Wiener Medizinische Wochenschrift gives the following for tape-worm, with report of case:—

℞ Ol. croton,	. . .	gtt. 1.0
Chloroform,	. . .	gtt. 4.0
Glycerin,	. . .	gtt. 40.0

The patient was a boy 13 years old, and the doctor modified the formula, in that he only gave 2 grammes of chloroform, and in place of glycerin 20 grammes oil of resin, to be given in two doses a half hour apart, with light diet day before. The alarmed father gave the remedy in three doses, one hour apart. Three hours later the worm was expelled entire, after having formed a ball-like knot. Except a slight dizziness after first dose the medicine produced no unpleasant effects. —*Translated.*

ANTIPYRIN IN INFANTILE ENURESIS.

Dr. J. Bouisson (Thèse de Lyon) states that the effect of antipyrin in the treatment of the enuresis nocturna of childhood is "simply marvelous." The remedy is exhibited in doses of 10 grains, repeated to the third time (30 grains in all) at intervals of one hour, commencing four hours before bed-time. Of 8 inveterate cases in which the disease had existed for several years, and upon which every other remedy and method of treatment had proved futile, every case was completely cured. Several months have elapsed since the treatment, and in no case has there been a relapse, nor have any symptoms of return been noted.—*Nat. Druggist; Weekly Med. Rev.*

A NEW ANTISEPTIC.

The Paris correspondent of the Lancet describes a new antiseptic called "microcidine," which is composed of 75 per cent. of naphtholate of sodium and 25 per cent. of naphthol, and phenyl compounds. It is soluble in 3 parts of water; is not toxic or injurious to linen or instruments. The antiseptic properties of this compound are inferior to corrosive sublimate, but superior to carbolic acid and boracic acid, 10 and 20 times respectively. Microcidine is eliminated by the kidneys, and is antipyretic. The results are reported to have been excellent.—*Times and Register.*

In view of the fact that some doubt has been thrown upon the activity of orexin as a stomachic, the results of Dr. Kronfeld are of considerable interest. It appears, from a summing up of the 210 cases in which the remedy had been already given, that some 120 were beneficially affected; so that the author (Wien. klin. Wochenschrift) was induced to again take up the investigation, and to examine more intimately the action of the remedy. Out of 80 cases in which orexin was given, only one (of carcinoma and stenosis of the pylorus) did not keep the remedy down. It was mostly given before the midday meal; 5 grs. in water being the dose, which was always preceded by a basin of soup or tea. Upon persons in health, orexin had less effect than upon patients suffering from incipient consumption. It was most valuable in anæmia, where a few hours after the dose patients were able to eat and enjoy meat, though previously they could keep nothing down. It also proved beneficial in chronic gastric catarrh, and in a case of carcinoma ventriculi. Physiological experiments on the effect of the doses upon the stomach showed that it accelerates the appearance of free hydrochloric acid in the stomach. In this respect the author is in accord with Penzoldt and Reichmann, and evidently upon it largely depends the stomachic action of the remedy. Dr. Kronfeld also thinks, with Reichmann, that it increases the motor power of the stomach, though he cannot directly prove it. He concludes that orexin is specially indicated in the anorexia of exhausting operations and diseases, in tuberculosis (when not too advanced), in chronic gastric catarrh, and in anæmia. In all cases where the organ must be interfered with as little as possible, it should not be given.—*Berlin Corres. of Prov. Med. Jour.*

TREATMENT OF RHEUMATISM AT THE NEW YORK HOSPITAL.

According to the Medical Times, Dr. Geo. L. Peabody, of the New York Hospital, treats his cases of acute rheumatism with the following combination:—

℞ Acidi salicylici,	. .	gr. xx.
Ferri pyrophosphatis,	.	gr. v.
Sodii phosphatis,	. .	gr. l.
Aquæ,	. . . .	℥ss.

This method of giving this drug in rheumatism has now been fairly tested. It may be said to agree with the stomach as well as any other, and it has the great advantage of not being followed, even if its use be long continued, by the severe anæmia that so often

follows the use of salicylic acid, if it be given without iron. The dose which is described in this formula is given every two hours, until improvement justifies a diminution in the frequency, or until constitutional effects are pronounced.—*Med. Summary.*

ABORTIVE TREATMENT OF BUBOES.

To abort buboes following chancroids, E. Welander (Arch. of Dermat. and Syph.) injects into them at one or two points (according to their size) 7½ minims of a liquid composed of a 1-per-cent. solution of benzoate of mercury and a ½-per-cent. solution of chloride of soda. Antiseptic precautions are observed, and after the injection the bubo is enveloped in bichloride gauze, which is changed twice a day. If the skin subsequently gets red, it is painted with a 1 in 2 or 3 ichthyol solution. The patient must be kept as quiet as possible.

The infiltration, as a rule, diminishes in a few days. Considerable fluctuation may develop, but it also soon disappears.

The results of this treatment are very favorable. Out of 33 cases tending to suppuration, this event was prevented in 30.—*Centrbl. f. ges. Therap.; Weekly Med. Rev.*

MOUTH WASH.

David uses the following mixture as a tonic and antiseptic mouth-wash (Med. News):—

℞ Thymol, . . . 7 grains.
Borax, . . . 15 grains.
Water, . . . 1½ ounces.—M.

A few drops of this are to be placed in a wineglassful of warm water, and the mouth rinsed with it. In cases in which the breath is fetid, owing to deposits about the tonsils and gums, the following wash is said to be serviceable:—

℞ Borate of sodium, . 15 grains.
Alcohol, . . . ½ drachm.
Water, . . . 1 pint.
Thymol, . . . 7 grains.—M.

THE TREATMENT OF HICCOUGH.

The Gazette Hebdomadaire gives the following treatment for hiccough. The local treatment is to compress the phrenic nerve and the pneumogastric in the neck by pressure with the index finger, which will often cause immediate cessation of the spasms. The medicinal treatment consists in the administration of a coffeespoonful of vinegar mixed with a little powdered sugar, or the following formula may be used:—

℞ Subnitrate of bismuth, . 45 grains.
Oxide of zinc,
Valerianate of zinc,
Powdered calumbo, āā 1 drachm.
Powdered opium, . ½ grain.
Essence of anise, a sufficient quantity.

Mix thoroughly, and give half a teaspoonful of this powder in a wineglassful of sweetened water.—*Med. Age.*

WINE LEMONADE.

Dujardin-Beaumetz recommends a vinous lemonade to promote diuresis in typhoid and other fevers, and gives the following:—

℞ Red wine, . . . ½ pint.
Tartaric acid, . . 2 drachms.
Water, . . . 1½ pints.—M.

Laillez recommends the following:—

℞ Syrup of citric acid, . 2 ounces.
Red wine, . . . 8 ounces.
Essence of lemon, . . 15 minims.
Water, . . . 2 pints.—M.

—*Boston Med and Surg. Jour.; Med. Age.*

THE EFFECT OF ASPARAGUS ON THE URINE.

One of the curious by-ways seldom explored by science is that which Professor Nencki, of Berne, has lately investigated (Archiv f. Exp. Path. u. Pharm., Bd. xxviii, Hft. 3 u. 4). It is, namely, the determination of the familiar change in the odor of urine that follows the eating of asparagus. Hilger attempted to isolate the body causing this odor by distilling the urine passed after three days' diet of this vegetable, but he could not arrive at a definite result. Prof. Nencki, availing himself of the good offices of four of the workers in his laboratory, who substituted for their mid-day meal a repast of asparagus, collected the urine passed by them up to 8 P.M. on the same day, acidulated it with oxalic acid, and distilled it over a sand bath. The volatile products were conducted into a solution of cyanide of mercury, causing a precipitate therein; and this, together with a similar deposit obtained by another trial, was collected, washed, and, being treated with a small quantity of a 5-per-cent. solution of hydrochloric acid, was again heated—the vapor, which had the characteristic odor of methyl-mercaptan, forming a bright-yellow crystalline deposit in a solution of plumbic acetate. The odoriferous body in the urine is, therefore, in all probability,

methyl-mercaptan. Previous experiments by Prof. Nencki and M. Sicker have shown that this subject is one of the products of fermentation of albumen, and also of gelatin, and that it forms one of the constituent gases of the large intestine. Indol and phenol are also derived from the putrefaction of albumen, and it is probable that other sulphur-holding bodies are similarly derived. As to its connection with asparagus, Prof. Nencki quotes an interesting communication from Dr. O. Loew, of Munich, to the effect that asparagin contains an organic sulphur compound, and that it is highly probable that methyl mercaptan is formed in the albuminous disintegration which takes place in the germination of the plant.—*London Lancet; Amer. Pract. and News.*

THE TETANUS POISON.

In our interest over the pathological work done by Koch and his German colleagues, the labors of the French bacteriologists are a little neglected. It should be remembered that if Koch is to be regarded in anywise as a father of bacteriology, Pasteur is the grandfather, and he and his pupils have done work which is historic in this field. The Annales de l'Institut Pasteur is the medium by which this work is put before the world, and its issues rarely fail to contain the results of important observations.

Recently Drs. Vaillard and Vincent have published a paper upon the etiology and bacteriology of tetanus, which deserves attention. They describe again the specific organism of tetanus, and show that it is not this organism, but a poison that it secretes, which causes the phenomena of the disease. The poison in question only develops after the bacillus has grown for some time and reached the stage of spores; yet it is not the spores themselves that are poisonous. They further show that the poison is not a ptomaine, or any substance which has the characters of an alkaloid or base. The experiments made by Vaillard and Vincent confirm the fact that the tetanus bacillus cannot grow in the human body without the presence of another micro organism; in this respect resembling diphtheria. The disease is, therefore, in a sense, one of mixed infection.

Such studies bring us nearer every day to the actual cause of infective disease, and, with such knowledge, a means of prevention or cure is only a matter of time.—*Medical Record.*

CHLORIDE OF ETHYL AS A LOCAL ANÆSTHETIC.

As a substitute for ether spray as a local anæsthetic, M. Monnet has introduced a method of freezing by means of chloride of ethyl, which is highly spoken of by Dr. C. Rédard, Clinical Professor at the Geneva School of Dentistry. Chloride of ethyl is a colorless liquid possessing an ethereal odor, with a boiling-point of 50° F. It is hermetically sealed in glass tubes containing 10 grammes, one end being drawn out into a fine point. When required for use, the point is broken off with a pair of forceps, or by hand, at the narrowest part, which is marked by a file-scratch on the glass, and the warmth of the operator's hand is sufficient to cause a very fine jet of the chloride to be projected on the part to be anæsthetized. One great advantage claimed for this method is, that no apparatus is required, and its use is advocated in such cases as tooth-extraction, neuralgia, etc.—*Medical Age.*

PARASITICIDE OINTMENT.

L'Union Médicale gives the following ointment for the destruction of parasites:—

℞	Salicylic acid,	45 grains.
	Borax,	15 "
	Balsam of Peru,	30 "
	Ethereal essence of anise,	5 drops.
	Essence of bergamot,	20 "
	Vaselin,	6 drachms.

Make into an ointment and apply to the part affected—*Medical Age.*

ACUTE AND CHRONIC CATARRH.

℞	Terebene,	℥iij.
	Ol. cinnamomi,	℥ss.
	Gum. acaciæ pulv.,	℥v.
	Sacch. alb.,	℥iv.
	Tinct. card. co.,	℥iij.
	Syrup. simpl.,	℥x.

M. Sig.: A teaspoonful three or four times a day.—*The Prescription.*

BALDNESS.

In falling of the hair, a writer in the Lancet recommends the following, a little to be rubbed on every night:—

℞	Tinct. jaborandi,	℥iv.
	Lanolin,	℥iij.
	Glycerin,	℥ij.

—*Medical Summary.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, July, 1891.

PATHOLOGICAL STUDIES OF DISEASES OF THE BLOOD.

A STUDY of the chemical composition and morphology of the blood is exceedingly interesting and exceedingly difficult, and, in fact, could not be satisfactorily pursued until the introduction of instruments of precision. Nevertheless we are still upon the threshold of real knowledge. The number and relative proportions of the corpuscles in different diseases have been estimated, and, in some instances, the fluctuating amount of hæmoglobin present, but we are left in much obscurity as regard the etiology of the gravest affections to which the blood and blood-making organs are subject.

A number of important communications upon these topics have been published within the past few months in various foreign periodicals. In the first place we may briefly allude to the effect of tuberculosis and carcinoma upon the contents of the red cells. The blood of twenty-four phthisical patients was examined by Dr. Dehio, of Dorpat, who found that the number of red cells varied considerably, and while, for the most part, they were diminished, yet they were often present in normal number, and in one instance were above the normal. The relative proportion of hæmoglobin present was always reduced and in more decided proportion than the number of blood-cells. The hæmoglobin, for instance, contained in single corpuscles was in women only 73 per cent. and in men 85 per cent. of the normal amount. Similar is the case in carcinoma. The hæmoglobin of individual corpuscles was reduced by 15 to 30 per cent. Two types of cachexia may be recognized in cancer. In one there is notable emaciation and a clay-colored skin, but the alteration in the number of the corpuscles and the hæmoglobin present is comparatively slight. In the other variety, on the contrary, which runs the course of a pernicious anæmia, Neubert has seen a reduction of red cells to 60 per cent. of the normal, and of hæmoglobin to 44 per cent. From the foregoing statements the conclusion may be drawn that in the chronic cachexia of tuberculosis and carcinoma the hæmoglobin, as the more sensitive constituent of the blood, feels the deleterious influence more rapidly and more profoundly than the stroma of the cells.

Laache, after a series of investigations of the different forms of anæmia, concludes that in simple, idiopathic anæmia the number of red corpuscles per cubic centimetre is greatly reduced, even to 50 per cent. of the normal, the hæmoglobin being diminished in the same proportion. The form and size of the corpuscles, however, undergo no alteration. The blood of the anæmic is poor in corpuscles, but each corpuscle contains its normal proportion of hæmoglobin. In pernicious anæmia the loss of corpuscles is much more decided than that of hæmoglobin, and the proportion of the latter to the cells is considerably increased. The reverse occurs in chlorosis. The number of corpuscles is either not diminished at all or but slightly, whereas the hæmoglobin is disproportionately reduced. Professor Rindfleisch has had the opportunity of examining the bone marrow from an uncomplicated case of progressive anæmia. He recognized an astonishing number of nucleated red corpuscles of giant size. Scarcely any colorless corpuscles were to be perceived. It seems, therefore, that in place of the normal sequence of changes which result in the formation of non-nucleated red cells, we have an incomplete development of large and formless hæmatoblasts. Loos, of Professor Escherich's clinic, in Graz, has demonstrated the presence of nucleated red corpuscles in the blood during life. His researches concerned 31 cases, all being children, and most of them less than 2 years of age. Regarding the nucleated red corpuscles, Vehsemeyer, in a paper describing 2 cases of leukæmia, remarks that they are found in two affections, viz., progressive pernicious anæmia and leukæmia. In his case in which they were present all the blood-elaborating organs—spleen, lymphatic glands, and bone-marrow—

were involved. Litten has published a case of medullary leukæmia in which nucleated red corpuscles were absent, and remarks that they are more numerous the more rapid the deterioration of the blood. These bodies, therefore, do not possess all the diagnostic significance which has been attributed to them in this form of the disease.

In the Deutsche Medicinische Wochenschrift for April 23, 1891, we find a communication in reference especially to the etiology of pseudo-leukæmia. The case, which came under the service of Prof. A. Fraenkel, was studied by Drs. Brentano and Tangl, and is published with a view of aiding in the solution of the question which has recently been agitated, whether pseudo-leukæmia constitutes a disorder *sui generis*, or whether we should not regard it as a rare form of tuberculosis. At the post mortem examination the glands were found free from caseation, but there was a focus of induration at the apex of each lung, while upon the ileo-cæcal valve and in the lower portion of the ileum was observed an ulcer about the size of a bean. The peritoneum was studded with numerous miliary tubercles. The microscope was called upon to decide whether the miliary deposits were lymphomatous or tuberculous, and whether any tubercular alterations existed in the lymphatic glands. As the microscopic appearance of the enlarged glands suggested that they probably contained no bacilli, the writers resorted to an experiment of another kind. A guinea-pig was inoculated with a portion of gland-tissue. On the other hand, the gross appearance of the ulcers plainly betokened their tuberculous character. Microscopically, giant-cells were perceived and an abundance of bacilli. The miliary deposits upon the peritoneum were demonstrated to be of tubercular origin and contained bacilli. In the lymphatic glands, however, no evidence of tuberculosis was seen, but merely a hyperplasia of glandular tissue, the proliferation being apparently confined to the lymphoid cells. No necrosis or caseation was to be detected. No bacilli were present in the glands. Nevertheless, the inoculated guinea-pig became the subject of typical inoculation-tuberculosis. When it was killed, three months after the operation, a deposit was seen at the seat of inoculation, the neighboring lymphatic glands were in an advanced stage of caseation, and a general tuberculosis was in existence. Tubercle bacilli were observed upon microscopical examination. The authors expressly state that, notwithstanding the association of the two processes in this and other cases, they do not believe that all cases of leukæmia depend upon the existence of tuberculosis. Other micro-organisms are capable of exciting a general affection of the lymphatic glands which may assume the form of pseudo-leukæmia. Roux and Lannois have reported a case in which infectious adenie was due to the staphylococcus pyogenes aureus. Further investigations are needed upon these obscure points of etiology.

CLINICAL STUDIES OF DISEASES OF THE BLOOD.

IN association with the papers just epitomized we find a number of very interesting clinical observations concerning these affections.* The splenic anæmia of children is the subject of an article by G. Somma. Upon the ground of 12 cases which he has studied, this writer distinguishes three forms of the disease: one accompanied with fever, a second free from fever, and a third attended by fever of a recurrent type. Dr. Laache, of Christiania, writes of the treatment of anæmia. After remarking that this should depend, as far as possible, upon the etiology, but that, as a matter of fact, it is for the most part empirical, he goes on to speak of the use of iron and arsenic. The former he regards as of special utility in chlorosis, and he prefers it in the form of Blaud's pill unless the stomach be excessively sensitive, when the albuminate is a better preparation. In regard to the question in which cases iron and in which arsenic is efficacious, this writer replies that the former does good in those in which the hæmoglobin of the red corpuscles is diminished (the corpuscles themselves are "chlorotic"), while in pernicious anæmia individual corpuscles are richer than normally in hæmoglobin, and iron in these cases is of no avail. From the clinic of Professor Maragliano, of Genoa,

* See Deutsche Medicinal-Zeitung, Nos. 33, 34, and 35, 1891.

we have a communication by Dr. Pietro Castellino on the therapeutic value of hæmoglobin. This substance was used in 15 cases, the results tabulated and studied in detail. The reporter found that hæmoglobin was well borne by irritable stomachs, excited no dyspeptic manifestations, and was readily absorbed. It had a favorable effect upon the composition of the blood, increasing the number of red corpuscles. This remedy improved the appetite, promoted menstruation, increased body-weight and strength, and favored the excretion of urea. The writer prefers hæmoglobin to other forms of iron on account of the rapidity of its action. The subcutaneous injection of salts of iron in chlorosis is commended by Dr. Enrico Magagni. He treats at some length the mode in which iron acts after its introduction into the alimentary canal, considering that it is borne by the portal system to the liver, which alone it directly influences, while upon the hæmatopoetic organs it can only exert an indirect and altogether feebler effect. Though to a certain extent it improves the quality of the blood by a stimulant action upon the liver, its power is curtailed by its lack of influence upon the other blood-forming structures. Hence, while in mild cases the internal administration of iron may be beneficial, in old and grave cases it may aggravate the disorder. On the other hand, when thrown under the skin it is at once taken into the general circulation and is able to act directly upon the whole blood-forming apparatus. He believes, moreover, that a larger actual dose is, by this method, absorbed than when given by way of the mouth. In consequence of the rapid absorption a more rapid effect is obtained.

OBITUARY.—Carl Wilhelm von Nägeli, professor of botany at the University of Munich, and one of the most celebrated botanists of the age, departed this life on May 10, 1891. Born in 1817 near Zürich, he studied medicine in Zürich and Berlin, but devoted himself to botany, of which science he was appointed professor at Freiburg in 1852, and in 1857 was called to Munich. His publications were numerous and of the highest importance. His studies of the lower fungi are intimately connected with the morphology of pathogenetic micro-organisms.

MEDICAL NEWS AND MISCELLANY.

JOHN B. DONALDSON, M.D., of Canonsburg, Pa., lately visited this city.

DR. GEO. M. GOULD has succeeded Dr. Hobart A. Hare as editor of the Medical News.

PROF. WILLIAM H. PANCOAST will rest during the summer at his cottage at Elberon, N. J.

PROF. H. E. LAPLACE will spend part of his vacation at his former home in New Orleans.

DR. FRANK WOODBURY will take his vacation during the months of July and August at Glen Summit, Pa.

DR. W. M. POWELL, of 2205 Pine Street, has removed permanently to No. 26 South Indiana Avenue, Atlantic City, N. J.

JOHN ASHBURTON CUTTER, M.D., of New York City, was married, Thursday, May 28th, at Worcester, Mass., to Miss Ellen Wright.

DR. GEORGE ROHE, Health Officer of Baltimore, recently resigned that office to accept the superintendency of the insane-asylum near his own city.

DR. PAUL H. KRETZSCHMAR died suddenly in Brooklyn, N. Y., on the 27th of April, at the age of 44 years. His death was caused by acute nephritis and uræmia.

MRS. RICHARDSON, the wife of Prof. Richardson, of New Orleans, has presented the medical department of Tulane University with $100,000 for rebuilding the college.

PROF. E. E. MONTGOMERY will go to California to visit some of the medical societies during August, thus combining professional work and pleasure well at the same time.

IT is announced that Professor Koch is preparing a reply to all the criticisms that have been made on his method. Professor Virchow's objections are to be dealt with in detail.

DR. S. POZZI, of Paris, Professeur Agrégé à la Faculté de Médecine, Chirurgien de l'Hôpital Lourcine-Pascal, has been elected an Honorary Fellow of the British Gynæcological Society.

DR. LOUIS GOODKIND, of Chicago, a graduate of the College of Physicians and Surgeons of New York City, is at present in Vienna, Austria, engaged especially in the study of nervous diseases.

IT is with feelings of profound sorrow that we announce the death of our Doctor James W. White, which occurred on the morning of Wednesday, May 27, 1891.—*Hance Brothers & White.*

THE rapid extension of leprosy in Russia has excited the alarm of the authorities, and the Town Council of Riga has voted 60,000 rubles to establish a hospital for lepers, which is to be inaugurated in July.—*Times and Register.*

A GENTLEMAN was once driving into the country and his horse suddenly stopped at a blacksmith shop; his master said, "What is the matter with you, Tom?" and got for answer the uplifted hind foot, a sudden shake, and the rattle of a loose shoe.

THE Annual Commencement of the Camden Training School for Nurses, under the management of the physicians and surgeons connected with the Cooper Hospital, was held at Morgan's Hall, Monday evening, June 1, 1891, at 8 o'clock.

PRACTICAL ENCOURAGEMENT.—In order to combat the depopulation of France, Professor Tarnier has offered a prize of one hundred francs to each family of Arc-sur-Tille, his native town, into which a child shall be born during the course of the year 1892.

DR. JOHN B. HAMILTON, Surgeon-General of the Marine-Hospital Service has resigned that office and accepted the position of Professor of the Principles of Surgery and Surgical Pathology in Rusk Medical College, Chicago. Surgeon Walter Wyman will succeed him as Surgeon-General.

OFF FOR EUROPE.—The editor of the MEDICAL BULLETIN, Dr. John V. Shoemaker, sailed for Liverpool, England, by the Cunard steamer, "Umbria," on June 27th. He will be absent about three months, visiting the different medical centres abroad, and attending the various medical meetings.

DECORATIONS AND PROMOTIONS.—The Sultan has conferred the second class of the Médjidié upon Dr. Brouardel, member of the Academy of Medicine of Paris; the third class of the Osmanie upon Dr. Bouchard, member of the French Academy; the third class of Médjidié upon Dr. Hallopeau, physician to the Hospital Saint-Louis.

SYMPSON describes a case of vitiligo following influenza and erysipelas, and remarks that most cases of acquired vitiligo follow some acute febrile disturbance. Typhoid fever, scarlatina, and remittent fever have all been succeeded by this complaint so directly as to leave no doubt that the latter was dependent in some way on the former.—*Lancet; Times and Register.*

FINANCIAL LOSSES OF SIR JOSEPH LISTER.—Every member of the profession will be sorry to hear that Sir Joseph Lister has, through the bankruptcy of John Taylor, a well-known London stock-broker, lost upward of eighteen thousand pounds. It appears that Sir Joseph Lister had entrusted Mr. Taylor with the money to invest in securities, instead of doing which he applied it to his own purposes.—*Hospital Gazette.*

DR. NUTT FOSTER, a graduate of the Medico-Chirurgical College of Philadelphia, class of 1891, who was very ill with pneumonia for many weeks after commencement, has been restored to health. The doctor has returned to his home, 133 Wylie Avenue, Pittsburgh, and is now engaged in the practice of medicine with his father, Dr. William F. Foster.

RELATIVE FREQUENCY OF GALL-STONE IN THE SEXES.—Dr. Furbinger, in his paper read before the last session of the German Congress of Internal Medicine, analyzed the histories of 64 cases of gall-stone treated by him at the Friedrichshain Hospital, and of this number 13 were males and 51 females.—*Jour. Am. Med. Asso.*

A PORTRAIT OF VIRCHOW.—The famous portrait painter, Franz Lenbach, of Munich, is painting a portrait of Virchow for the Berlin Medical Society. It will be unveiled at a festal meeting of the Society, and presented to the Langenbeck House. There it will hang beside a portrait of Langenbeck, in the hall destined for the meetings of the medical societies of Berlin, for congress assemblies, festal ceremonies, etc.

VACANT PROFESSORSHIPS FILLED.—The Trustees of the University of Pennsylvania recently elected Dr. George A. Piersol Professor of Anatomy; Dr. Harrison Allen, Professor of Comparative Anatomy; Dr. John B. Deaver, Assistant Professor of Applied Anatomy; Dr. S. S. J. Harger, Professor of Veterinary Anatomy; Dr. Leonard Pearson, Professor of Veterinary Medicine; Dr. Edward Martin, Clinical Professor of Genito-Urinary Surgery; Dr. E. W. Holmes, Demonstrator of Anatomy.

DR. W. H. WALLING, of 2005 Arch Street, this city, one of the attending physicians at the Medico-Chirurgical Hospital, has taken an office for the summer at No. 1 S. Pennsylvania Avenue, Atlantic City. He will attend to any patients that may be referred to him by their attending physicians.

The doctor has given special attention to nervous diseases, and is thoroughly versed in the scientific application of electricity.

We cordially commend him to the profession as one worthy of entire confidence.

DR. ALFRED HOSMER, who died May 14, at Watertown, Mass., was one of the ex-presidents of the Massachusetts State Medical Society, and formerly a member of the State Board of Health and Charity. He was one of the founders of the Medico-Legal Society and a medical exam

iner for fourteen years. He was also, for many years, the post-surgeon of the United States Arsenal at Watertown. He was a frequent contributor to the medical journals on obstetrical and medico-legal subjects. He was in his 60th year.—*Ex.*

HIGHER MEDICAL EDUCATION.—At the meeting of the Board of Trustees of the University of Pennsylvania, held May 21st, Dr. Pepper made an offer of $50,000 toward an endowment fund of $250,000, and of $1000 annually toward a guarantee fund of $20,000 annually, for five years, conditioned upon the establishment of an obligatory graded four-year course of medical study. This was accompanied by a communication from the Medical Faculty, pledging themselves to carry out this proposal, and to enter upon the four-year course in September, 1893. It was also reported that the members of the Medical Faculty had themselves subscribed $10,000 annually for five years to the endowment fund. The Board of Trustees expressed warm approval of the proposed advance in medical education, but postponed their assent until the success of both funds had been demonstrated.

The approaching completion of the fine Laboratory of Hygiene, built by Henry C. Lea, Esq., will render the medical facilities of this school unequaled. It is to be hoped that the necessary pledges will be secured promptly, as the interests of the entire community are deeply involved in the success of this great advance, which will enable medical students to obtain a thorough practical education in every branch of their profession.

DEATH OF DR. THOMAS.—Dr. Griffith J. Thomas, a graduate of the Medico-Chirurgical College, class of 1891, who was one of the prize men, and excelled especially in his knowledge of chemistry, died recently from blood-poisoning, produced through an operation while in the discharge of his duty as a physician.

Dr. Thomas, although only twenty-nine years of age, mastered rapidly the intricate portions of chemistry, and was made by Prof. Howell, for his industry and attainment in that department, his demonstrator. At the time of his death Dr. Thomas was serving as resident-physician at the Mercy Hospital, Pittsburgh, Pa.

FRANKLIN COUNTY MEDICAL SOCIETY.—The regular meeting of this society will take place in Chambersburg, Pa., July 21st. The following programme has been arranged: Address of Welcome, Dr. John Montgomery; Observations on Cancer, Dr. D. F. Unger; What the Eye Reveals to the Physician concerning General Disease, Dr. George S. Hull; Some Unique Surgical Operations, Dr. X. N. Snively. The officers of the society are: President, Dr. S. S. Bishop; First Vice-President, Dr. J. H. Devar; Second Vice-President, Dr. A. K. Leberknight; Secretary, Dr. George S. Hull; Corresponding Secretary, Dr. H. C. Derilbiss; Treasurer, Dr. L. F. Susseroth.

No one can more confidently than we speak to the excellence of the Prostatic Electrolyzer now brought to the notice of physicians through several of the principal medical journals of the country. We had it in use in our private practice, and exhibited it in clinic at the Medico-Chirurgical College for more than a year before it was brought to general public notice, a delay caused by the necessary preliminary of finding a cheap, durable, and portable battery to accompany it, and this combination of requirements took some time to secure. It ought to be known to every physician, but it is not, that the galvanic current at the negative pole reduces hypertrophy of the prostate. What we would here incidentally remark as to the benefit to be derived from the treatment referred to, through the rectum, is the fact that the current produces an effect coincidently with prostatic reduction, well worthy of consideration. At the very same time that the current is reducing hypertrophy of the gland, it relieves it of pressure by causing almost immediate evacuation of the bowels, thus both directly and indirectly favorably influencing the affection. But this is not all that should be said. A laxative *per orem* is followed by reaction in constipation, whereas the laxative of the galvanic current produces the effect not only of inducing removal of fæcal matter pressing upon the gland, increasing its hypertrophy and pain in it, but of maintenance of healthful peristalsis.

A GOOD SELECTION.—General James A. Beaver, late Governor of Pennsylvania, a scholar, a lawyer, a soldier, and a man of fine attainments, has recently been selected as president of the Board of Trustees of the Philadelphia Dental College, in place of the late Governor Pollock. General Beaver, who has always taken so much interest in the scientific, educational, and charitable institutions of this State, will make an able head to this worthy school. The college at this time is one of the best equipped, and has one of the most distinguished list of teachers in the world. Large numbers of students from every portion of the civilized world annually seek the halls of this college.

SOME PRACTICAL POINTS IN ABDOMINAL SURGERY.—Dr. John H. McIntyre, of St. Louis, Mo., in a paper read before the State Medical Association of Missouri, Excelsior Springs, Mo., on May 21, 1891, speaks thus of the after-management in abdominal surgery:—

"For the first twenty-four hours nothing should be taken into the stomach, except a little hot water; bits of ice chewed or swallowed do not

relieve thirst. The second day a little barley-water may be allowed, and on the third day she can be promoted to a chicken-wing, when afterward, if everything goes well, almost any light diet may be allowed.

"When pain is present, I use but little morphia on account of its tendency to arrest secretions, and thereby prevent the elimination of morbid material; but in its stead, for more than a year past, have used antikamnia with happy effect. It soothes and tranquilizes, and lessens the tendency to rise of temperature.

"Stitch-hole sinuses can best be obviated by early removal of the sutures. It is rarely that I allow sutures to remain in the ventral wound longer than the eighth day, and I often remove them as early as the sixth.

"He who essays to do abdominal and pelvic operations should, by previous observation and training, be so fitted for his work that when he comes into 'action' he will be 'ready for anything and surprised at nothing.'

"The best place in which to obtain the highest grade of success is not in large general hospitals; neither is it in 'the cottage by the wayside,' but in a small, specially-prepared establishment, under the absolute control of experienced management."

DR. FORDYCE BARKER.—Dr. Fordyce Barker, aged 73, died suddenly on the 30th ult. He studied medicine with Drs. Henry I. Bowditch and C. H. Stedman, of Boston, located in New York City, where he soon distinguished himself in his chosen specialty. His mental, moral, and professional worth won for him the presidency of most of the leading societies of our profession, active and consulting surgeon to many of the hospitals. He was also a member of foreign societies, whither his fame had reached, a large contributor to medical literature, and the author of a work on puerperal diseases, the merit of which has gained for it translation into many of the European languages.—*Ex.*

DR. KARL BRAUN VON FERNWALD, the eminent professor and author, of the Vienna University, died during the last week in March. He was appointed to the chair of midwifery, and became the head of the famous gynæcological Klinik over 30 years ago. His writings have been among the most sought after of those devoted to his chosen subjects, and he enjoyed a pre-eminent popularity among the Viennese students. He was in the 70th year of his age and the 40th year of obstetric teaching, at the time of his death.—*Ex.*

A HAPPY TERMINATION OF A SUIT AGAINST A DOCTOR.—The Hospital Gazette reports the following, the moral of which is obvious: A servant-girl sought a doctor's aid for, as she alleged, functional irregularity, which, however, he soon satisfied himself was due to pregnancy. She stoutly denied the accuracy of his diagnosis, and was very indignant at the suggestion. Later, the girl's mistress waited upon the doctor, and was advised by him to dismiss her from her service unless she wished an addition to her family circle. The girl was dismissed accordingly, stoutly, however, declaring the innocent character of her condition. She then went to another doctor, who kept a dispensary in the neighborhood, who gave her a certificate to the effect that she had none of the signs of pregnancy as far as he could discover. A solicitor was consulted, who advised an action for slander, and lost no time in taking the necessary proceedings. Of course, the doctor had to prepare his defense, and for months he was worried by legal processes. Just before the trial was fixed for hearing, he was much relieved in the morning to receive a communication to the effect that the action would be abandoned. The young person had become a mother, and the solicitor thought it would scarcely pay to put his client and her baby in the witness-box.

AMERICAN MEDICAL ASSOCIATION NOTES.—Dr. H. O. Marcy, of Boston, was elected President; First Vice-President, Willis King, Missouri; Second Vice-President, Henry Palmer, Wisconsin; Third Vice-President, W. E. Davis, Alabama; Fourth Vice-President, W. E. Taylor, California; Secretary, William B. Atkinson, Philadelphia; Treasurer, R. J. Dunglison, of Philadelphia; Librarian, George C. Webster, of Chicago; Trustees, W. W. Dawson, of Cincinnati; W. W. Potter, of Buffalo; and J. H. Rauch, of Illinois.

ANOMALIAS ANATOMICAS DEL APARATO GENITAL DE LA MUJER.—Dr. D. Juan Soler y Buscallá (Barcelona).—The moral advantages of a double vagina: As health officer the author was examining a woman of the town, but, after passing the speculum, could see nothing of the uterus, although its existence had been proved by the birth of two children. Noticing his perplexity, the patient, a lively young Frenchwoman, said, with the utmost nonchalance: "You won't find what you are looking for down there, señor; I have two passages with one entrance, and you have taken the wrong turning—permit me." A little manœuvre, and there was the os plainly enough! A more exact examination showed that she had a double vagina, the septum a thin, lax membrane, with which she could deftly shunt the speculum into a *cul-de sac* or on the uterus at will. And then, after entreating that her secret should not be disclosed, she explained, with engaging frankness, the advantages of this novel arrangement: "You should know there is a young fellow who adores

me; for him I reserve the true passage. Do you think I would allow any one else to enter there? No, señor; I respect myself too much. But the other is at the service of my friends; *there* they may innocently divert themselves as much as they please."—*Provincial Med. Journal; Times and Register.*

"PLINIUS REDIVIVUS."—The following extract under the above heading occurs in the Germania (March 24, 1891): A few details concerning the discoveries of Professor Liebreich, who has lately recommended cantharidin as a remedy for tuberculosis, may be of interest. A few years ago the Professor discovered lanolin, which he used in skin diseases. The author says that he found in Pliny's writings (Natural History, book 29, chapter 10) that lanolin was well known to the ancients, and that Pliny himself used it for skin disease. When Liebreich's second discovery appeared, the author was not surprised to find that Pliny mentions that a certain physician in the reign of Tiberius had used the extract of cantharidin internally for a malady which exactly corresponds to lupus. In relation to lanolin, Plinius describes the great value of eggs in cases of erysipelas, pimples, and burns. Pernaps "ovin" will be discovered shortly.—*Allgemeine Zeitung; Prov. Med Journal.*

TUBERCULINE.—The following charade was written by a patient recently under treatment by Koch's method at Banff, Scotland, and sent to the Lancet by Dr. William Fergusson (Boston Medical and Surgical Journal):—

My *first* lies at the root of things,
With homely earth is soiled,
Yet at the festive board of kings
Is always welcome—boiled.

My *second* o'er the level green
Impels the polished ball;
Where "cannons" rattle it is seen,
Yet loves the peaceful "stall."

My *third* around the green earth lies,
No angel ever saw it;
'Twas never viewed by mortal eyes,
Yet men must somewhere draw it.

When wasting sickness crowns the ills
By hapless man endured,
My *whole* fresh strength and hope instills,
And whispers, "Be thou cured!"

—*Amer. Pract. and News.*

MELANCHOLIA IN BRIGHT'S DISEASE.—As regard's Bright's disease, contrary to Sankey, Griesinger, Bucknill, Tuke, and others, Dr. Riggs expressed himself as being of the firm belief "that the importance of the relation between insanity in its various forms and Bright's disease has, even by alienists, been poorly appreciated" As sustaining this view, he quoted at length from the statistics of Dr. E. A. Christian, of the Eastern Michigan Asylum; from Dr. Blackburn, of the Government Insane Asylum at Washington, and from a recent paper by Dr. Alice Bennett, and urged upon the general practitioner the importance of this relation, because with him lies the first opportunity for investigating this class of cases in their inception, and it will devolve upon him to make a correct diagnosis and to give what relief he may by proper therapeutic measures.

"The relation," he said, "between melancholia and glycosuria is much more intimate than that between it and Bright's disease." He cited 2 cases of Clouston's of this class, and 1 in detail from his own practice, and insisted upon the necessity of a careful discrimination between the morbid fear accompanying a disturbed functional condition and that of melancholia, which may be an indication of a grave constitutional disorder (disease).

In speaking of the treatment, he said: "There is no reason why simple melancholia should not be treated at home. It is of the utmost importance to remember the suicidal tendency which is so characteristic of this variety of melancholia, and which constitutes its chief danger, because these cases, if they do not kill themselves in the meantime, always recover.

"The delusional, agitated, and stuporous forms of this psychosis can only be handled successfully in an asylum.

"In these cases, where the suicidal tendency is pronounced, it is good therapy to give them in the morning, as soon as they awake, some nourishing food, which seems to relieve the nervous instability which is so characteristic of the early morning hours.

"Overfeeding, massage, and abundance of fresh air, along with such hypnotics as paraldehyd and sulphonal when there is insomnia, together with the administration of small doses of aq. ext. opii (from 1 to 3 doses a day, as the case may indicate), constitute the chief therapeutic measures to be followed.

"I no longer use mineral acids and mercurials in the treatment of lithæmia, but, on the contrary, put my patients upon a strict nitrogenous diet, requiring them to be out in the fresh air as much as possible, not only for the exercise that such a course allows, but especially for the oxygen which they thus obtain, and which this class of patients so greatly needs.

"I also use a pill of ox-gall, taraxacum, quinia, and nux vomica, adding a little ext. colcynth. comp., if the patient is constipated.

"The treatment of melancholia resulting from Bright's disease and glycosuria should be simply that of the constitutional state."—DR. RIGGS, in *Northwestern Lancet.*"

ENDOCARDITIS AND CHOREA.—At a meeting of the Manchester Pathological Society, Dr. Ashby showed a specimen of endocarditis from a fatal case of chorea in a girl aged 10. She had

never had rheumatism, and the fatal attack was the first. She commenced to be ill with tonsillitis, which was attributed to bad drain-smells in the house. Several other members of the family also suffered. Two weeks after, choreic movements began. The movements became very severe; sleep had to be obtained by sedatives, and the feeding was difficult. She died of exhaustion after five weeks' illness. There was moderate fever throughout the illness. There was endocarditis of the mitral valves, no pericarditis, the right parotid was much swollen, and there was extensive pneumoia of the right lung. There was a doubtful patch of meningitis on the convex surface of the brain. It would appear as if the chorea was symptomatic of some grave blood change.

DANGERS OF SULPHONAL.—Although sulphonal is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the series of cases published by Bresslauer, of Vienna, show clearly that it has certain dangers. The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant that out of 77 patients who were treated with the drug no less than 7 showed serious symptoms, and in 5 of those there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time in good doses, and had borne it well till symptoms of disturbance set in, these being great constipation, dark-brown urine, slow or in some cases rapid but feeble pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally the cause of death was heart-failure, with œdema of the lungs.—*Am. Pract. and News.*

ACTINOMYCOSIS.—Doyen reports, in Le Mercredi Médical, that he has observed 2 cases of actinomycosis in men. In the first a tumor was present, adherent to the periosteum at the angle of the jaw, and fluctuating, which, upon section, permitted a ropy liquid with but little color to escape, holding in suspension half a hundred actinomyces. In the second a large abscess had become chronic, having disintegrated the muscles of the tongue and caused symptoms of dangerous dyspnœa. These two patients—one treated by extirpation of the tumor and the other by curetting and packing—both recovered.—*Med. News.*

NASSAU AS A HEALTH RESORT.—"But, after all, the chief value of Nassau is as a health resort. There are altogether too few amusements—it is quite too small and dull a place to hold still the eager, healthy, pleasure-seeker. I have learned by repeated experience that consumptives, in anything like an advanced stage, do badly there. The climate is so soft and moist that lungs already beginning to soften go quickly. No such invalid should be sent there; but where bronchitis is concerned, or catarrh of the nasal passages, or any of the many throat diseases that scourge the North in winter, the case is quite reversed. Such sufferers find help in the air, and are frequently cured with a speed that seems miraculous; but the diagnosis must be accurate.

"It is, beyond everything, a home for invalids with Bright's disease. I have seen them grow and gain in health almost daily beneath these glowing skies. The skin, whose every pore has been closed by cold, rapidly becomes active again, even doubling, in some instances, its excretory power, and prompt diminution of albumen follows the relief of work to these organs. This result persists until the following winter comes, and then the patient is obliged to return, of course; but after two or three years, in several of my cases, the improvement was so great that they could stand the winter of the North without serious danger.

"In disorders of the nervous system, Nassau is one of the most perfect sanitariums in the world. The regular temperature—neither high nor low, the naturally perfect drainage, pleasant social surroundings, and comfortable quarters, with enforced abstinence from business cares, so relieve the pressure upon overstrained nervous centres that one is hardly ashore before he begins to feel sleepy, and he manages to spend the greater part of the first week in bed with comfort. Then comes a sense of equilibrium to which one has long been a stranger, interrupted only when the mail comes in; then a relapse for a few days follows home news, and improvement begins again when the steamer leaves the bay."—WILLIAM F. HUTCHINSON, M.D., in *Times and Register.*

HYDROPHOBIA in Paris shows the effects of careful official supervision and M. Pasteur's treatment. Only one person succumbed to this terrible disease last year, a contrast to the 22 deaths in 1885, the maximum during the last decade. The number of animals affected also declined to 203 from 863 only two years before. M. Pasteur's system is pronounced most efficacious by the Paris authorities, for out of 95 persons belonging to the Department of the Seine who were treated at the Institute during the twelve months one alone died.

A medical officer in the East Indian service states that the existence of a cholera demon is still firmly credited in certain districts of that empire. A native in a village near Allahabad recently assured him that the previous night his home had been visited by the cholera monster with a head like a large earthen pot. He and his brother drove away the spirit with bamboo

clubs, and fired a gun to complete its defeat, as the creature fears noise. Some years ago, say the natives, three wizards enticed the demon into an earthen pot, and carried it to a neighboring hostile village to bury it by night. The rival villagers objected, and a fight ensued, during which the pot was broken and the demon again escaped.—*London Letter in Am. Pract. and News.*

A CASE OF REMARKABLE SURGICAL INTEREST.—The following case was communicated by letter from Dr. W. W. Stennett, of the Chicago and Northwestern Railroad, to Dr. Edward H. Williams, of the Baldwin Locomotive Works, and is well worthy of being recorded in the University Medical Magazine:—

"A switchman in a retired part of one of the yards of the Chicago and Northwestern Railroad picked up the arm of a man which had been crushed off at the shoulder-joint and having on it a shirt-sleeve. Diligent search was made for the owner of the lost member, but nowhere could he be found, nor could any clue to the accident be discovered. Five days after the accident the police found the man at Clyborn, 5 miles from the scene of the injury, exhibiting his mutilated shoulder in proof of his arm having been cut off by a train. This exhibition he had made in 20 or 30 saloons for the purpose of obtaining whisky. During all the time no dressing had been applied, nor any vessels tied. He was sent to a hospital and recovered perfectly. On examination it was found that the arm had been torn out of its socket, leaving the other elements of the shoulder, the clavicle and scapula, intact."

The forcible ablation of an arm has often occurred by machinery without any serious loss of blood, but the shock usually renders the patient helpless, and the surgeon invariably feels it his duty to ligate the crushed vessels. The marvel, however, in this case, was in the ability of the man to travel about for five days, realizing neither shock nor bleeding. It is not improbable that had one or two days more elapsed without a dressing, fatal bleeding would have ensued from sloughing of the crushed vessels, such sloughing often being delayed as late as the seventh day. D. HAYES AGNEW, M.D,

Emeritus Professor of Surgery, University of Penna.—*University Medical Magazine.*

BEAN-WATER AS A CLEANING AGENT.—According to the Fundgrube, all kinds of stains can be completely removed from silk, linen, or cotton fabrics, whether white or colored, by simply steeping and rubbing them in the water in which dried white beans have been boiled. The water should first be allowed to cool, and no salt should be used. Even ink-spots, if not too old or corroded, will yield to this treatment. The above materials can also be made to look like new, by washing them without soap in a lukewarm decoction, about one pound of beans to four quarts of water—rinsing them in water of the same temperature, wringing slightly, and, when dry, ironing them.—*Druggists' Circular.*

THE National Prohibition Party has issued a call for an International Medical Congress to discuss such questions as: What are the hereditary effects of drunkenness? Are there any hereditary effects that follow moderate drinking? To what diseases are inebriates more especially exposed? Is alcohol a poison? Is alcohol in any sense a food? What are the proper uses of alcohol as a medicine? Is there danger of producing the drink habit from the prescribing of alcoholic medicines? How large a percentage of deaths may be attributed, directly or indirectly, to the use of strong drink? Should alcoholic liquors ever be used except under the direction of a medical adviser? The meeting is to be held on July 15th and 16th.

EPILEPSY INDUCED BY AN IMPERFORATE HYMEN.—Dr. Somers reported in the Lancet the *résumé* of an interesting case, published in La Revue des Sciences Médicales. It was that of a patient in whom epileptic seizures had then recurred for three years. They had for a year been preceded by periods of general malaise, loss of appetite, and pain in the abdomen, recurring every month. They were at first at long intervals, but at last they appeared with increasing frequency. All the symptoms were those of ordinary epilepsy, and Somers, considering the age of the patient (21 years), and the absence of the catamenia, at first suspected pregnancy in an epileptic, but an examination led to the detection of an imperforate hymen. An incision allowed the escape of thick and sanious pus. Since then her catamenia is established, and her general condition is good. No attacks have reappeared now for fourteen months.—*Jour. de Méd.; Weekly Med. Review.*

DR. JOSEPH H. WARREN, of Boston, died March 26th, aged 60. His father was the seventh son of General Warren, of Revolutionary fame. He was a medical director in General Casey's division, and of provisional troops during the last war, as well as President Lincoln's medical attendant. He saw active service in the field before Yorktown, Va., and soon after was disabled while bearing special dispatches to Washington, and was obliged to resign. He was quite a traveler, traveled for health and pleasure, more than once serving as a delegate from the American Medical Association, of which he was vice-president in 1889 and 1890. He read papers before the British Medical Association and the French Academy of Medicine. He published in London a "Practical Treatise on Hernia," a second edition of which was issued in 1882 in

America. He operated in Guy's Hospital, in London and elsewhere, to demonstrate the method. He later published "A Plea for the Cure of Rupture," and has written very many monographs and medical papers, as well as general articles.—*Journ. Am. Med. Association.*

CHANCRES OF FINGERS.—Dr. R. W. Taylor (Medical Record) gives the following instructive history :—

"A number of years ago, I had under observation a whole family who became infected with syphilis through the finger of a German midwife, who had a chancre on her right index-finger. This family consisted of the father and mother and four children,—three girls and one boy. The wife had severe ulcerative lesions in the region of the fourchette, and the husband had three chancres of the prepuce and glans, while both suffered severely from buccal mucous patches and condylomata ani. The eldest girl, aged 12, had a large chancre on the left cheek; the second girl, aged 10, a chancre of the lower lip; and the third child, a boy, had a panaritium-like chancre of the left index-finger. The fourth child was a baby girl, who had a very superficial parchment-like chancre of the tip of the tongue. In these cases I convinced myself that the mother was infected by the midwife, the father received the infection from his wife, who, by kissing, infected the first, second, and fourth children, while the third child, the boy, infected himself by picking with his finger the chancre on the cheek of his eldest sister. It has never been my duty to present so pitiable a spectacle to a medical class as that offered by that afflicted family. At the time of observation, Bardinet's cases in Brive, France, were fresh in my mind, and I suspected the midwife to be the cause of the infection. After much trouble I found this woman, in the person of an obese and elderly German, who had on the last phalanx of the right index-finger a purplish fibroid cicatrix the size of a silver three-cent piece, and undoubted evidences of a declining miliary papular syphilide. From facts which I gathered, I was led to believe that this woman had carried the infection into two other families by contaminating the wives in childbed. These infected midwives being ignorant, know nothing of syphilis or the dangers of its transmission by means of finger-infection. Physicians, however, should clearly understand the *modus operandi* of this form of professional infection, in order that they may avert it or ameliorate its sad consequences."—*Amer. Lancet.*

VOICE IN FEMALE SINGERS AFFECTED BY GYNÆCOLOGICAL DISORDERS.—Carl H. von Klein, A.M., M.D., of Dayton, O., says: "I am requested by a well-known ovariotomist to state my observation of the voices of female singers when affected by gynæcological disorders, hence the following is a brief statement of my observation :—

"The most difficult cases the laryngologist has to contend with are diseases of the throat caused by disturbance of the ovaries. It is a common thing to meet with cases of acute inflammation of the tonsils, larynx, pharynx, and fauces in females during their menstrual period. I have observed the voice in many professional choir-singers who have applied to me for treatmext during the menstrual period defective in gravity, force, and timbre, producing in many cases a husky sound, as of a low, masculine order.

"A laryngologist of acute hearing, who will train his ear to the recognition of sounds and acquaint himself with a known voice, can detect a menstruate nine times out of ten. It is a known fact that all prima donnas try to avoid engagements during their expected period. It is a recognized fact, from time immemorial, that extirpation of the testicles will greatly change the voice in males. Unto this day the operation is practiced in some parts of the civilized world.

"The finest male chorus I ever heard was by a band of eunuchs at the Alexandre Nevsky Church, at St. Petersburg, Russia, who were prepared for that purpose. Born eunuchs, or hermaphrodites, generally have voices of feminine order, but do not make good singers on account of their sluggishness and want of animal propensities. It is said in order to make a good singer one must be in love It is indisputable that impediment in the male organs influences the male voice ; so, too, impediment in female organs influences the female voice.

"In many cases of ovarian disturbance, enlargement and hypertrophy of the tonsils and of the soft palate are observed ; hence, the laryngologist oftentimes can accomplish but very little without the assistance of a competent gynæcologist."—*Journ. Am. Med. Association.*

UNCONSCIOUS PARTURITION IN A PRIMIPARA.—A case of high obstetric and medico-legal interest is to be found in the Archives de Tocologie for November. Physiologically painless parturition is rare. Tarnier has related some cases, including one instance where a Canadian woman occasionally dropped a baby on the ground, at term, without noticing it. In Howard's case, labor took two hours ; the patient was reading a book till a quarter of an hour before the child was delivered, which event occurred after some straining, not sufficient to make her cry out. In Dr. Brunon's case, newly reported, a married woman, aged 22, had a troublesome cough one day shortly before term. The coughing was accompanied with lumbar pains, which increased. At 11 o'clock in the evening the patient tried to pass a motion. She sat over one hour in the closet, believing that her pains signified painfu

defecation. Then she went to bed. At 1.30 o'clock she woke up feeling a desire to pass a motion, with lumbar pains, such as she had felt before when constipated. As she rose to go to stool a smart lumbar pain occurred, and she felt something between her thighs. On handling it she found, much to her surprise, that it was the head of her first-born. She declared to Dr. Brunon that the pains were entirely lumbar; she had no colicky sensations, and none of the expulsive pains usually so severe, especially in primiparæ. The desire to defecate was strong, and she stated that the child might have been born into the pan of the closet without her recognizing the truth of her condition till the moment of its delivery. The patient was an intelligent, well-educated woman, free from any neurosis. This case proves that in the case of an experienced person an infant might be expelled into the water in the pan of a closet without intended infanticide.—*Brit. Medical Journal; Southern Med. Record.*

Death of the Doctors Leidy.—This city has lost a highly esteemed practitioner, and the world of science a distinguished member, in the death, within forty-eight hours, of the two brothers, Dr. Philip Leidy and Professor Joseph Leidy.

Dr. Philip Leidy was for years Port Physician of Philadelphia, also faithfully and skillfully ministering to the needs of a large *clientèle*. His loss is mourned in many a household.

Dr. Joseph Leidy was Professor of Anatomy in the University of Pennsylvania, having occupied that chair since 1853. He was born in this city in 1823, and studied medicine at the University, graduating in 1844. His taste for Biology was indicated by his inaugural thesis upon "The Comparative Anatomy of the Eye of Vertebrated Animals." He became a member, in 1845, of the Philadelphia Academy of Natural Sciences, and has been an eminent contributor to the Transactions of that body. In 1846 he recognized the trichina in the hog; in the following year he published a paper "On the Fossil Horse of America." Always a diligent and original investigator, he published, during his career, many memoirs upon subjects connected with comparative anatomy, zoology, and paleontology. Among his most remarkable works we may cite the "Ancient Fauna of Nebraska," "The Extinct Mammalian Fauna of Dakota and Nebraska," and "The Extinct Vertebrate Fauna of the Western Territories." In 1861 appeared his "Elementary Text-Book on Human Anatomy." Professor Leidy was esteemed and beloved by all with whom he came in contact. As an instructor he was clear and simple, and, consequently, singularly successful in conveying his knowledge.

Possible Sterilization of City Water.—This important subject is considered in a valuable communication of Mr. R. Meade Bache to the American Philosophical Society. The plan proposed by the author is, in brief, the destruction by electricity of the bacteria contained in drinking-water. Upon the basis of the experiments of Dr. A. B. Griffiths, showing that certain bacteria can be killed in a few minutes by low currents, Mr. Bache conceives that currents of high power can be utilized in sterilizing the water contained in delivery pipes. The method which he proposes is that at the place of electrical attack of a pipe a simple contrivance consisting of a section of the same diameter as that of the pipe should insulate the poles from each other, and both from the general line of the pipe. By this arrangement a current of high power can be transmitted directly through the liquid. An experiment of the kind could be made at no great labor and expense compared with the vast interests at stake in a large city.

BOOK REVIEWS.

A Practical Treatise on Diseases of the Skin. By Henry G. Piffard, A.M., M.D., Clinical Professor of Dermatology, University of the City of New York, etc., assisted by Robert M. Fuller, M.D. With fifty full-page, original plates, and thirty-three illustrations in the text. New York: D. Appleton & Co. London: Caxton House, Paternoster Square, 1891.

This unusually fine work by an author of much practical experience begins with a carefully-prepared article upon diagnosis. No specialist is more able and capable of speaking upon this very important subject than the author. He has devoted much time and labor in preparing this well-written and good contribution, and it reflects the greatest credit upon him.

Correct diagnosis, justly and rightly, Dr. Piffard says, of cutaneous affections is the foundation of successful therapeutics, but diagnosis, he further adds, properly speaking, does not alone consist in giving the correct or approved name to the disease immediately under consideration, nor even in a careful differentiation of the special variety. It involves a broader knowledge, including a more or less complete acquaintance with the nature and relationship of the various affections—a good, learned, and admirable manner of defining a correct diagnosis. Dr. Piffard, in all the text throughout the work, gives each and every subject in a very few words. He shows his experience and ability as a writer, and his thorough knowledge upon diseases of the skin. This very excellent atlas and text-book is so well arranged, so clearly and well

expressed as to be easily understood by any practitioner. The type is large, bright, clear, and read without the least difficulty. One of the strongest and very best features of the work are the unusually good photographic illustrations taken from typical diseases of the skin. The photographs are taken from nature ; they are executed by a new process, and illustrate the precise appearance of the disease at the time they were taken. Thirty-three plates are given, illustrating in a striking manner some of the most common and a few of the rare forms of skin diseases. We might allude to some of these very good illustrations, and if the reader turns to the respective pages he will be surprised at the natural look of the diseases represented by these plates. Eczema, which is a very common disease of the skin and occurs very often upon the palms and soles, gives the observer a very good idea of it on pages 42 and 44.

How very often is a psoriasis mistaken and misnamed an eczema? Let the physician seeking information but turn to pages 46 and 48. Here he will see how well the author has managed, by means of artificial light, to reproduce plates exactly like a typical case of psoriasis.

A glance at the plate and then upon psoriasis on a subject will demonstrate the striking likeness between the two. Of all modern writers no one has devoted more time and made more original research upon lupus vulgaris than Dr. Piffard. The reader will make the same observation by examining the text. Let him at the same time carefully study the very fine illustration of lupus vulgaris on page 66. How life-like! will be the expression if one has ever seen the disease before. Science, guided by the educated brain, has thus pictured nature well upon the plate. Science, with the knowledge of the author, gained by years of hard labor, has thus placed in the office of the physician a plate that he can readily study and learn all about lupus vulgaris, and can employ this photograph in making comparisons with his own cases. How graphically the plates illustrate alopecia areata as shown on page 150! These photographs speak better and more forcibly than the most powerful description of the disease. The author and publisher are alike to be congratulated for preparing and arranging plates, not colored, but possessing all the life-like characteristics of the many diseases of the skin referred to in this work. In reviewing this very valuable book, we have taken occasion to call attention especially to the plates.

The reader need but turn to the work to verify all that we have stated. The work is likewise strong in very many other features, particularly in the treatment of the many diseases so well described. Syphilis and eczema are especially interesting in the many points given to the reader. Dr. Piffard in the former disease writes of a drug not generally employed. We allude to gold. He says of it that in necrosis of the bones, especially the nasal and palatine, gold unquestionably hastens the separation of the sequestrum by promptly determining the line of demarkation between the healthy and the diseased tissue. A grain, the author states, of the chloride of gold, or 2 grains of the chloride of gold and sodium, may be dissolved in an ounce of water and 5 or 10 drops be given once or twice a day. It should be continued, says Dr. Piffard, for a short time after the separation and removal of the bone, as it seems to decidedly promote the healing process. In writing of the specific internal treatment of eczema,—the second disease already alluded to,—Dr. Piffard, with both experience and authority, refers to the usefulness of viola tricolor. He adds that it is specially of service in eczema capitis of infants, in most cases of vesico-pustular eczema of the scalp and face of moderate intensity, but with persistent tendencies. We have thus simply referred to a few of the many good qualities of this practical work on diseases of the skin.

A Treatise on the Diseases of the Nervous System. By WILLIAM A. HAMMOND, M.D., Surgeon-General U.S.A. (retired list), late Professor of Diseases of the Mind and Nervous System in the College of Physicians and Surgeons of New York, etc., etc. With the collaboration of GRAEME HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital, etc. With 118 illustrations. Ninth edition, with collections and additions. D. Appleton & Co., New York, publishers.

The author of this standard work upon diseases of the nervous system has long been known and esteemed as being one of the closest observers and one of the best writers in the profession. All his writings have been popular and practical, and this work in particular has acquired in the medical and scientific circles an enviable reputation. When a book reaches its ninth edition, the profession show their appreciation in the observations and research of the author. It is the strongest and the best fact for the continued success of the work that has already accomplished so much good both to the profession and to mankind in particular. The author's son, who has also written much of value upon nervous diseases, has assisted the elder Hammond in bringing this edition up to the present time in all that is known and of any service in this department of medicine. The work which is now so well known in the profession is opened with an introduction upon the different instruments and apparatus employed in the diagnosis and treatment of diseases of the ner-

vous system. The simple and yet thorough manner taken in connection with this subject, especially upon electrical apparatus, at once commends the book to even the casual reader. Following this substantial introduction, the authors have arranged the work in seven sections, referring to the diseases of the brain, spinal cord, cerebro-spinal diseases, and the peripheral nervous system. Each and every subject abounds with a most thorough and interesting description, the facile pen of only one who can write as Hammond being used to gracefully and beautifully describe the respective diseases. The text becomes often not only so instructive but so interesting as to keep one's attention continually attracted as page after page is turned over and considered by the reader. The authors manage through the text to interject so many little hints and suggestions of their own as to be of the greatest value to the physician. Hammond is a close observer of the qualities and the needs of the average person, and he offers recommendations under the consideration of the various diseases that can frequently be employed with much advantage. The authors in writing of many diseases of the nervous system are prolific in therapeutic measures. He is also an experimenter who always deduces some good results. Take, for example, the treatment of cerebral congestion, beginning on page 64, and as the eye glances over paragraph after paragraph the subject is found to be prolific in all kinds of therapeutic agents. In the succeeding pages, in speaking of the value of ergot, Hammond shows his experimental ability just referred to by the reviewer. He writes thus: "Some recent experiments which I have performed upon dogs, in which the ergot was administered hypodermatically, in doses of from 1 to 3 drachms of the fluid extract, after the animal had been trephined and the cephalohæmometer inserted into the opening in the skull, showed from the falling in the tube that the intra-cranial pressure was notably lessened." Thus can be seen the practical way the author has of proving the value of ergot in the disease named. The treatment of paralysis agitans, a disease that is both obstinate and often unyielding, is managed well by the authors of this work. Electricity, which is a valuable adjunct in the treatment of many diseases, especially of the nervous system, and is often employed by the Hammonds, is here referred to as being of service in the treatment of this affection. Electricity, says the writer, is a powerful adjunct, and I always employ it when the opportunity exists for so doing. The mode of application of electricity is next given for the disease in question. In speaking of the treatment of sciatica, the author also alludes to the usefulness of electricity. This agent, he adds, when properly applied is one of the most useful and important remedies we possess for the treatment of sciatica, but when improperly used only serves to aggravate the disease and retard the recovery of the patient. The skillful and judicious application of electricity is likewise referred to in very many diseases. Those who think there is nothing in electricity should read this important work. They should see or reason out the many valuable applications which Professor Hammond makes of this very important agent. In description the book is graphic, in literature it is a regular encyclopædia, and in therapeutics it is one of the most practical and useful works for the busy physician. It is written in plain, simple, and forcible language, and can be well understood by both the student and the country doctor.

Practical Points in the Treatment of Diseases of Children. By I. N. Love, M.D., Professor of Diseases of Children, Clinical Medicine, and Hygiene, Marion-Sims College of Medicine, St. Louis, etc. Geo. S. Davis, Detroit, Mich. 1891. Paper, 12mo., pp. 141.

Dr. Love writes *con amore* of children, and his advice as to the prevention and management of children's diseases is the fruit of an extended experience in this interesting field, in which he is an adept. In the present work no attempt is made at completeness, but the author in a familiar style conducts the reader on a ramble through various paths, finding something to attract attention, "to point a moral, or adorn a tale." The impression is left on the mind that the field is an attractive one and the author a safe guide, although we do not consider it necessary to give every infant a perfunctory dose of calomel as a sort of sacrifice to Æsculapius; yet it probably would not do a great deal of harm.

Pulmonary Tuberculosis, Etiological and Therapeutic. Based on an Experimental Investigation. By R. W. Philip, M.A., M.D., F.R.S.E. Edinburgh and London: Young J. Pentland. 1891.

This handsomely-printed monograph includes a reprint of a communication to the Ninth International Medical Congress, held at Washington, together with the records of experimental work upon which the communication was based; also a brief sketch of the therapeutical application of the teachings already referred to in the preceding communication. Dr. Philip has performed valuable work in investigating the toxic products of the tubercle bacillus and their effects upon the lower animals, and also in man. His results throw light upon Koch's alleged remedy, which, if it be, as claimed, a tox-albumen, can be nothing more than treatment of disease by products of disease, or isopathy, which has no

standing in scientific medicine and has been repudiated by the homœopathic fraternity, in which it originated.

The Pocket Materia Medica and Therapeutics; a Résumé of the Action and Doses of All Officinal and Non officinal Drugs Now in Common Use. By C. HENRI LEONARD, A.M., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine. Cloth, 12mo, 300 pages; price, postpaid, $1.00. The Illustrated Medical Journal Company, publishers, Detroit.

This little hand-book is a quiz-compend in the form of a dictionary of materia medica. It contains rather full botanical definitions and very meagre therapeutical information. A proper distinction is not made between officinal and non-officinal remedies, and the strength of pharmaceutical preparations is not indicated. One useful feature for students is the fact that after each title is given the genitive termination in italics. The pharmacopœial definitions are not always correct (acacia *vera*, for instance), and there are some unaccountable omissions (apiol, aristol, vinum album fortior, vinum rubrum, etc.).

The Rector of St Luke's. A novel. By MARIE BERNHARD. Translated by ELISE L. LATHROP. With photogravure illustrations. Worthington Co., 747 Broadway, N. Y. 1891.

The consultation of light and attractive literature like this work rests the weary professional brain, often overworked by exacting duties. The story is interesting, and contains very many points that will be both valuable and instructive. In addition to a good story well told, the reader is treated to illustrations that serve to make the book a nice companion, especially in traveling.

Mademoiselle Giraud—My Wife. Translated from the French of ADOLPHE BELOT. 8vo, pp. 395. Chicago: Laird & Lee, publishers, 1891.

In the original this book has made a decided sensation, and in its translation it must make another. Dealing with a psychological problem now and then met by physicians, it cannot but be of interest to those who wish to be *au fait* with obscure mental states which sometimes bear heavily on the comfort of married life. Without undue coloring, it unveils a delicate situation and treats of a phenomenon which is worthy of study not only by medical men, but by all thinking people. As a work of art, it is equal to the best from the presses of either foreign or domestic publishers, the paper, typography, and illustrations being unusually fine.

CURRENT MEDICAL LITERATURE

Correspondence—Colorado for Consumptives.

Nasal Intubation. By D. H Goodwillie, M.D.

Report of the Obstetrical Service in the University Hospital.

Deafness as a Result of Nasal and Dental Diseases. By D. H. Goodwillie, M.D.

Boroglyceride in the Treatment of Diseases of Women. By W. Thornton Parker, M.D.

Annual Report of the Managers of the Sanitarium Association of Philadelphia. 1890.

A Dermatological Bibliography. Compiled by George Thomas Jackson, M.D., New York.

A Study of Sterility; its Causes and Treatment. By Thomas W. Kay, M.D., of Scranton, Pa.

Valedictory Address to the Graduating Class of the Medico-Chirurgical College. By E. E. Montgomery, M.D.

A Study of the Modern Pathology and the Treatment of Chronic Granulations of the Eyelids. By T. D. Myers, M.D.

Traumatic Enophthalmus. By George Friebis, M.D., Chief of Ophthalmic Clinic, Jefferson Medical College Hospital.

Report of Experiments Now Being Pursued in the Bacteriological Laboratory of the Academy. By Samuel G. Dixon, M.D.

Weak Eyes. Read before the Oxford Medical Society, May 18, 1887. By S. W. Morrison, M.D., Colorado Springs, Col.

The Relation of Alcoholics to Preventive and State Medicine. Published by request of Shawnee County Teachers' Institute.

Thirteenth Annual Report of the Presbyterian Eye, Ear, and Throat Charity Hospital, No. 1007 East Baltimore Street, Baltimore. 1890.

Yellow Fever and the Fallacy of the Germ Theory in Connection with its Spread and Epidemicity. By John P. Wall, M.D., Tampa, Fla.

How Should Girls be Educated? A Public Health Problem for Mothers, Educators, and Physicians. By William Warren Potter, M.D., of Buffalo.

Nineteenth Annual Report of the Franklin Reformatory Home for Inebriates of Philadelphia. Located at Nos. 911, 913, and 915 Locust Street.

A Plea for Public Health Work in Villages. By Henry B. Baker, M.D., Secretary Michigan State Board of Health. Read before the Pennsylvania State Sanitary Convention held at Pittsburgh, May 31 and June 1, 1889.

COMMERCIAL NEWS.

IT IS A FACT THAT BUT ONE PAPER IN NINETEEN HAS FURNISHED SUCH A STRAIGHT-OUT STATEMENT OF ACTUAL ISSUES AS YOU HAVE.

GEO. P. ROWELL & CO.

NEW YORK, May 20, 1891.

AN EXPRESSION OF CONFIDENCE.

Geo. P. Rowell & Co., of New York, the publishers of the American Newspaper Directory, undertake to rate newspaper circulations very much as the mercantile agencies report the capital and credit of the business community. About one publisher in ten tells his exact issue with truthful precision. Some of the other nine decline to tell the facts because they assert that those who do tell are in the habit of lying. Rowell & Co., after an experience of more than twenty years, have come to the conclusion that this view cannot be sustained. In the twenty-third annual issue of their book, issued in April, they designate every paper that is rated in accordance with a detailed statement from the publisher, and offer to pay a hundred dollars for every instance which can be pointed out of a misstatement for which a publisher is responsible. The MEDICAL BULLETIN is one of the papers that is willing to have it known how many it prints, and whose good faith the Directory publishers will guarantee.

INSOMNIA OF DRUNKARDS.

℞ Bromidia (Battle), . . 2 ounces.
Celerina (Rio), . . . 2 ounces.
M. Sig.: Teaspoonful, repeated as necessary.

To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. In Celerina we have almost a certain cure. Celerina, while causing no nausea whatever through and by itself, will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for, and an abhorrence of, all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium, and tobacco, to restore the patient and tone the nervous system Celerina is of great value, and as a tonic to the nervous system in all these cases of nervous exhaustion, whether evolved in the cerebral or spinal centres. Celerina, in doses of a fluidrachm three times a day, destroys the craving for alcoholic liquors. Celerina is a remedy *par excellence* to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium, and tobacco.

INGENUITY AND MERIT.

Among the many ingenious and attractive advertisements it has been our pleasure to receive during the past few years, that of the "Maltine Manufacturing Company," which appears on insert page iii of the current issue, is easily one of the very best. This happy association of art in mercantile affairs is one of the cheering sunbeams that now and then, and we are happy to say with growing frequency, pierces the uniform dullness which in the past has been one of the disagreeable characteristics of business life. And yet, aside from the artistic point of view, the fact that the Maltese Cross is emblematic of "Success and Merit" makes it peculiarly appropriate when used in connection with such a worthy and well-known product as "Maltine."

MEDICATED UTERINE WAFERS.

Micajah & Co., Warren, Pa., manufacture the best local remedy for diseases peculiar to women. They offer full samples to physicians. See advertisement on page 36.

CHOLERA INFANTUM.

We call attention to the timely advertisement of Nestle's Food, which appears in this number of our paper. We notice especially the absence of any claim for Nestle's Food that it will cure cholera infantum. Messrs. Leeming & Co. simply claim that as an aid to the physician in his professional treatment of cholera infantum it is an invaluable diet to sustain the strength of the little ones while medical treatment is doing its share toward recovery.

"THE THING."

LOUISVILLE, KY., January 22, 1891.

Thos. Hunt Stucky, M.D., Hospital College of Medicine, Louisville, Ky., 1880; Professor of Surgical Pathology and Clinical Surgery in same; Visiting Surgeon Louisville City Hospital; Professor Materia Medica School of Pharmacy for Women; Member Kentucky State Medical Association, Louisville Medical Society, and Medico-Chirurgical Society of Louisville, writes: "I am using Antikamnia daily, with the most gratifying and satisfactory results. It is 'the thing' in La Grippe."

I HAD a confirmed case of epilepsy on hand having from five to twenty fits a day. I tried Bromide Pot. and Chloral, and, while this treatment reduced the attacks considerably, it did not compare with the effects of Peacock's Bromides. I am just in receipt of a letter from the patient's father asking me to send him some more of that medicine for his child, saying that he has not had a fit in three weeks.

T. P. STEELE, M.D.,
Black Mingo, S. C.